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INTERVAL BETWEEN ONSET AND DEATH one mon 20. AUTOPSYT NO 21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work L at work 22. I hereby certify that I attended the deceased from Whamle, 19.55 to Pristry, 19. ..., that I last saw the deceased , and that death occurred at 5 cd/M, from the causes and on the date stated above. alive on SIGNATURE ADDRESS DATE SIGNED roun mes M. D. 1161 15 5 23 BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (SPECIFY) FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS REGISTRAR

(Year)

19/

Hours

COUNTRY?

1 YEAR

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PLEASE

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

000	CERTIFI	CATE	OF	DEA	TH
200	CENTIFI	UALL	Ur	DEA	

RE, 18 09380 Reg. Dist. No.

ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
and legibly	COUNTY Baltymore MARYLAND	STATE Md . COUNTY BAL	70
leg	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	
pc	OR and give nearest town) (in this place)	OR C	i give nearest town,
	OZTOWN Clatonsville 1141. 1 mis Zirk	TOWN Sparrows Poin	+ ×
J.	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	1
ar	14 STREET ADDRESS SPYING Trove State HOSP.	212 E. Street	
clearly			
	DECEASED: (FIRE)	(Last) 4. DATE (Month) (Day) (Year)
death	(Type or Prilit) of erman		24 1951
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1	
of	(Specify): (Y) 11-13		Days Hours Min.
causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
ins	work done during most of working life. OR INDUSTRY:	V.	COUNTRY?
	even if retired. 13. FATHER'S NAME: 13. FATHER'S NAME:	N.J.	USA
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
e	Kandal Home	Polly	
write	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
A	(Yes, no, or unk.) If Yes, give war or dates (4) -01-1/62	ilesital spaceds	
Se.	//6 of service) 702-01-/633	Hospital records	
please	18. MEDICAL CERTIFICAT	ion /	INTERVAL BETWEEN
Q	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 1 A	ONSET AND DEATH
**	IMMEDIATE CAUSE (A) Orterioso	Vosotre Heart Herease	18
ans	DUE TO A	2001 - 1. 100. 10 - 80-10	10 11102.
Physicians	ANTECEDENT CAUSE (8)	~ 1 P. 1	1-+
2	GIVING RISE TO THE ABOVE CAUSE	sid liverioscieross	5 yrs.
Ph	STATING UNDERLYING CAUSE LAST.		
نډ	(c)		The second
an	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ort	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
important.	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	V	1 00 AUTODOVO
ë			YES NO TO
ly			
especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH) OF INJURY street, office bldg.,	etc. INJURY OCCUR? (City or town) (Coun	ty) (State)
)ec	(IF EITHER, NOTIFY MEDICAL EXAMINER)	moon occor	
isa	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	
1.50	OF INJURY M. While Not while at work at work		
130	20 T. 1	1064 1 0 / 0 / 1055 11 173	
90	22. I hereby certify that I attended the deceased from March		
ळ	alive on Oct. 24, 1955, and that death occurred at	8: 30 P M, from the causes and on the date	stated above.
ect	SIGNATURE	ADDRESS DA'	re signed
correct	Louis Trances Hoveward M.	. D. Frenz Stove State Josp. Catonsvell 28,	hd 10-24-55
00	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, of	
	RURIAL (SPECIFY) 10-28-55 BELARK M	EMORIAL BELAIR, Md.	
	DATE BEC'D BY LOCAL RECYSTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3	RESISTRAR	12 12 18 18 18 11 11 11 11	1 Ilica

CONTROL OF THE PROPERTY OF THE B . V UABRUA Soft To 10 To 10 County to the second second

Baltimore. Maryland

Elroy O. Wilson, 2004 Orleans Street

ADDRESS

24. FUNERAL DIRECTOR

9399 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. I	dist.	
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MEDICAL EXAM	INER'S C.	EKTIFIC.	ATE OF	' DEA	TH N	o	90
1. PLACE OF DEATH:		2. USUAL F	RESIDENCE (HOME	E) OF DECEA	SED:		
COUNTY Baltimore	MARYLAND	STATE	Md. c	COUNTY	Baltimo	re	
CITY (If outside corporate limits, write lor or and give nearest town)	RURAL LENGTH OF		f outside corporate l				town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pulaski Hgwy	. near Middle F	STREET		(If rural, give		1	•
3. NAME OF (First) DECEASED:	(Middle) Road	(Last)	4. DATI) (Day)	(Year)	
(Type or Print) JOHN	I.	ADAMS	DEA	TH 10	15	19	55
RACE: W1	IGLE, MARRIED, B. DOWED, DIVORCED, ecify): Married	Oct. 27, 1	and a	39 yrs.	onths Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Manager	10b. KIND OF BUSINE		HPLACE (State of	r foreign count		TIZEN OF UNTRY!	
13. FATHER'S NAME:		14. MOTHE	R'S MAIDEN NAM	E:			
Iwin Adams			Emma Adams				
15. Was Deceased Ever In U.S. Armed Forci (Yes, no, or unk.) (If Yes, give war or dates of Service) World War	ot		ans, 123 Mai	in Street	,		
		EDICAL CERTIFIC					
I. DISEASES OR CONDITIONS DIRECTLY 983 X Immediate cause (a) DUE TO	Ası	ohyxiation			(NTERVAL 1	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO	str	angulation					
stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELATEDISEASE OR CONDITION CAUSING I	TED TO THE						
19a. DATE OF OPERATION: 19b. MAJO	R FINDING OF OPERATI	ON:				Yes Y	
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	b. PLACE (Home, farm, f OF street, office bld INJURY field	g., etc., Pul	y or town) aski Hgwy	(County)	dle Rive	(State)	d
OF INJURY 10/15/55 3:15 P.M		hile	w did injury oc angled with				
22. I hereby certify that I took cha							
find that death resulted from:	Natural causes [],		CHIEF MEDICAL DEPUTY MEDIC	L EXAMINER AL EXAMINE	GR R	DATE SI	IGNED
28. BURIAL, CREMATION, DATE THE	DESK WAVE OF CE	M. D.	ASSISTANT MEI				
23. BURIAL, CREMATION, PATE THE REMOVAL (Specify):		METERY OR CREM		TION (City, to		_	State)

Huntington Williams, M.D.

of information carefully. To death clearly and legibly. MARGIN RESERVED FOR BINDING UNFADING Physicians: 1 WRITE PLEASE

ah 53 10

A15A

DATE RECD BY LOCAL REG. 10/19/55

BUREAU V. S.

MEDELIVED 1985

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

The

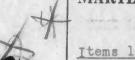
VS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

94°0 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:		
	2. USUAL RESIDENCE (HOME) OF DECEASED	:
COUNTY Balto. MARYLAND	STATE Md. COUNTY Balto	0.
CITY (If outside corporate limits, write RURAL and give nearest town) Catonsville CITY (If outside corporate limits, write RURAL (in this place)		3 Vol-44
HOSPITAL OR 16 Fusting Ave. 90 STREET ADDRESS House in the Pines	STREET (If rural give location) ADDRESS 2726 Oakley Ave.	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) ALICE MURRAY ALICE		ay) (Year) 19 55
RACE: WIDOWED, DIVORCED.	of BIRTH: 9. AGE last birthday Ir under 1 ve 16, 1876 78 yrs. Months Da	ys Hours Min.
work done during most of working life. OR INDUSTRY: even if retired): Housewife -rtd at home	Maryland (State or foreign country): 12. C	COUNTRY?
13. father's name: Richa rdson	14. MOTHER'S MAIDEN NAME: Laura	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	Mr. Bryson R. Albaugh - 2726 Oct.	akley Ave.
ANTECEDENT CAUSE (8)	Commiscantion Taxe Drivery	
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) OLD (B) DUE TO	Consor Carling Yaze, Vravery	7
STATING UNDERLYING CAUSE LAST. (C)	Consor (Artio Vase, Vores	7
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Consort Carling . Yaze, Wravery	7
STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		20. AUTOPSY? YES NO
STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	N tory, 21c. WHERE DID (City or town) (County	20. AUTOPSY? YES NO
STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO 21A. ACCIDENT WAS UNDERLYING OF OPERATION OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	N tory. 21c. WHERE DID (City or town) (County, etc. INJURY OCCUR?	20. AUTOPSY? YES NO



MARYLAND

9411

CERTIFICATE OF DEATH

Reg. Dist. No....

Items 13,14	FilmGl88 10	-25-55 €	et				Castella			
1. PLACE OF DEATH COUNTY	Baltimo	re		YLAND	STATE	Maryla		COUN	palt	imore
OR give nearest	rporate limits, write town) Over	_	LENG'	TH OF STAY this place)	OR TOWN	teide corpor				own)
HOSPITAL OR INSTITUTION OF STREET ADDRES	s 4209 Th	omclif	f Roa	d	STREET ADDRESS	4209	(If rural, Thorncli	give location) ff Road		1
3. NAME OF DECEASED (Type or Print)	Mr. (First)	niel	(Middle) H.	Alley	(Last) Sr.		4. DATE OF DEATH	(Month) Oct.	(Day) 17th	(Year)
5. SEX	6. COLOR OR RAC	CE 7. SING	GLE, M	ARRIED,	8. DATE OF B		9. AGE last bir	thday If und	ler. 1 year H	inder 24 hr
male	whi te			DIVORCED. Wldowed	JUNG 16.			yra.		
done during most of w	orking life, even if reti al Worker	red) INDUS		BUSINESS OR	Richmon		r foreign country inia	"	12. CITIZEN COUNTRY?	USA
13. FATHER'S NAM			100		14. MOTHER'S	S MAIDEN				1103
		known						Unknown		
15. WAS DECEASED EV (Yes, no, or unknown)	(If year, give war or d service)		6-18-		Mr. Danie			1,209	Thornel.	iff Ro
giving rise to stating the u II. OTHER SIGNIFI Conditions contribu	onditions, if any, the above cause nderlying cause last	not	el.	wy	oras	di	hs		20	m
19a. DATE OF OPER			GS OF C	PERATION	,		TANKS - TA		20. AUT	OPSY?
/									Yes 🖸	No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify)		ne, farm, bldg., etc.	factory, street,		CITY OR	rown)	(COUNT	Y) (ST.	ATE)
TIME (Month) OF INJURY	(Day) (Year) (llo	ur) HNJUR While a Work	t No	RRED ot While At work	HOW DID IN	NJURY OC	CUR?			
22. I hereby certically alive on C. SIGNATURE 23. BURIAL, CREMAREMOVAL (Specific Purial)	ATION DATE Oct.	, and that	death of (Degree)	or title)	RY OR CREMA	from the	causes and concerns (causes and concerns)	n the date	stated about DATE	ve. SIGNED (State)
DATE REC'D BY I	OCAL REGISTR	KR'S SIGNAT	TURE	frich	Leonard		k, 5305	Harford	Road #	

Dr. Rigler
1 W. Overlea Ave.
9 - 11 A.M.

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

9374

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

	Reg. Dist. N	U•
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY BACTO MARYLAND	STATE MA CL COUNT	BALTO
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and gi	ve nearest towo)
TOWN DOWNALK TORS.	TOWN DUNDALK (22)	53
HOSPITAL OR INSTITUTION OR 117 MARCHAEL OF	ADDRESS // (If rural, give location)	7//
STREET ADDRESS 4/NORTSHIP	ADDRESS 47 NORTHSHIP	Re '
S. NAME OF (First) (Middle)	(Last) 4. DATE (Month) OF	(Dsy) (Year)
(Type or Print) YOK AM G-00 D	DEATH /U	193
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED)	8. DATE OF BIRTH 9. AGE last birthday If under Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business of		2. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY BARBER.	PENNA	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ABRAHAM M. BACHMAN	MARIA GOOD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no, or tinknown) (If yes, give war or dates of 181-55-1813	HELEN W. BACHMAN - U	DIDON
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
420,1 (Monage C)		CHOST AND DURIS
Immediate cause (a) Others	ceuser	
Antecedent cause(s)	1.1	7
Diseases or conditions, if any, (b)	Cardles.	pro reng
giving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
		Yes No No
21. EXTERNAL CAUSE WAS PLACE (Hnme, farm, factory, street,	(CITY OR TOWN) (COUNTY	
PRIMARY OR CONTRIBUTING OF office hldg., etc.) CAUSE OF DEATH.		,
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not while INJURY m. work at work		
22. I certify that I took charge of the remains described above, held an a		
obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes , accident , suicide , homicide ,		opinion resulted
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
11 may m & 1/11 2 10	A. 1.1.2 - 00 1	27
10/00 Mon pop on 2 aug.	allutalk-d2. Ma.	19/18
	RY OR CREMATORY LOCATION (City, town, or coun	ty) (State)
REMOVAL (Specify) 10-00-55 MEADONRI		40.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
0 RGC 19-1955 W. 00. and m. 76.00	MANAGE PART TO A MILE THE STATE	ME MICH.

MARGIN RESERVED FOR BINDING

The correct age

PLEASE WRITE PLATNLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

OST VIZO 2100 007 21 1955

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:		2. USUAL RESIDEN	CE (HOME) OF DE	CEASED:
COUNTY Baltimore	MARYLAND	STATE Md.	COUNTY	Baltimore
CITY (If outside corporate limits, write RU				URAL and give nearest town)
OR and give nearest town)	(in this place)	OR TOWN Parky		
X TOWN Parkville				X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2802 Lingmon	e Ave.	STREET ADDRESS 2	(If rural give : 802 Linganor	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) Ada	Rebecca B	aker	OF DEATH: Oct	
5. SEX: 6. COLOR OR 7. SINGLE, I RACE: WIDOWED	MARRIED, 8. DATE	OF BIRTH: 9.	AGE last birthday	
Female White (Specify):		5, 1879	75 yrs. Mc	onths Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of 108	KIND OF BUSINESS	11. BIRTHPLACE (S	ate or foreign country): 12. CITIZEN OF WHAT
work done during most of working life, even if retired): At home	OR INDUSTRY:			COUNTRY?
		Baltimore Co.		
13. FATHER'S NAME:				
Ben jarin F. Ba	aker	Almira Krou		
18. WAS DECEASED EVER IN U.S. ARMED FORCEST	14. SOCIAL SECURITY NO.	17. INFORMANT &		
(Yes, no, or unk.) (If Yes, give war or dates of service)	None	Gladys A. Ros	ier - 2802 L	ingmore Ave.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, 1F ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CON	(A) Care (B) With (C) TRIBUTING	Jen. he	of the bre	ONSET AND DEATH
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEA				
	INDINGS OF OPERATION	N .		
				YES NO
21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE (Home, farm, fact NJURY street, office bldg.,		D (City or town)	(County) (State)
OF INJURY	21E INJURY OCCURRED While Not while at work at work	21F. HOW DID IN	JURY OCCUR?	
22. I hereby certify that I attended the alive on Oct 24, 1955, and SIGNATURE	that death occurred at		causes and on the	
23. BURIAL, CREMATION, DATE THEREOF		ERY OR CREMATORY	Baltimore,	
Burial 11/3/55	Druid Ridge			
DATE REC'D BY LOCAL REGISTRAR'S	Ellsworth	Armacost - 4	600 Liberty	Heights Ave. 7

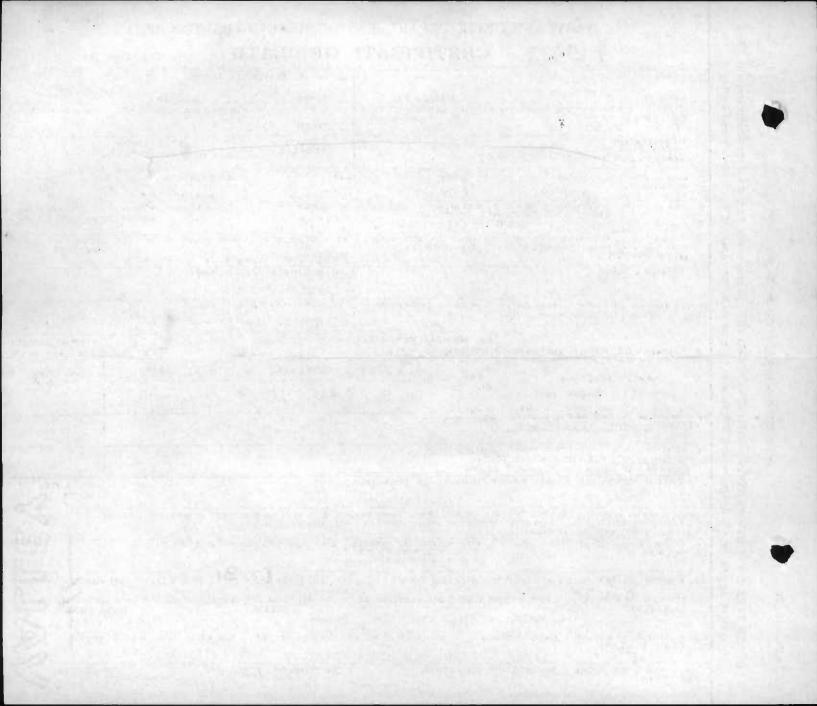
MARGIN RESERVED FOR BINDING

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

- 10 - 53

A15 VS. Supply every item of information carefully. The



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 94°3 CERTIFICATE OF DEATH

RE,	18	09387
		56

OF CERTIFICATI	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MAYY AND COUNTY BAltimore
COUNTY	
HOSPITAL OR INSTITUTION OR 506 Fairmount AVE.	STREET (If rural give location) ADDRESS 506 Fair Mount Ave.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Mae Elizabeth Bak	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: Oct. 10, 1955
Female White Specify: Widow May 9	9. AGE last birthday IF UNDER 1 YEAR HOURS Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE OR INDUSTRY: OWN HOME	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Stewart	14. MOTHER'S MAIDEN NAME:
(Yes. no. or unk.) (If Yes, give war or dates of service)	Harry Baker
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 153 ** IMMEDIATE CAUSE ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, OUT TO THE ABOVE CAUSE DISEASES OR CONDITIONS AND THE TO THE ABOVE CAUSE OUT TO THE ABOVE CAUSE DISEASES OR CONDITIONS AND THE TO THE ABOVE CAUSE OUT TO THE ABOVE CAU	ing Colon from Concession
STATING UNDERLYING CAUSE LAST. (C)	scending Calan 3-41
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19s. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory, 21c. WHERE DID (City or town) (County) (State), etc. INJURY OCCUR?
21b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?
alive on Oct. 10., 1917, and that death occurred at significant the significant of the si	ADDRESS DATE SIGNED A. D. 750/Mark Rd Tausany 2015 ERY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR OCT. 12, 1955 Malrel C. Viau	24. FUNERAL DIRECTOR Some Townson Miles

VS. A15 -- 10 - 53



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OR WRITE PLAINLY, WITH UNFADING INK.

PLEASE TYPE

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09388

9404 CERTIFICATE OF DEATH

Reg. Dist. No. 30

7 7 7 7			
OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASE	D;
TY BORTO.	MARYLAND	STATE Med COUNTY /	3022
			and give nearest town)
and rive nesrest town) .	(in this place)	OR AL-	× 110 meaness (
commune	· ·	Summou	
	1, Venes		1 71
ET ADDRESS 16 Tu	sting aun	3/2 (sharine	draskd
OF (First)	(Miggle)	(Last) 4. DATE (Month)	Day) (Year)
	11 11. 4	OF DEATH ON	17 1951
6. COLOR OR 7. SINGL			
RACE: WIDON	WED, DIVORCED,	Months !	Days Hours Min.
	weather	1 - 2/04	
one during most of working life	OF INDUSTRY:	11. Dividir Exce (State of Toleigh country): 12.	COUNTRY?
ver. cey	Dotto. City	I Dha	
EB'S NAME		14. MOTHER'S MAIDEN NAME:	
enken Da	el.	ann Weacon	1 1
		17. INFORMANT & ADDRESS:	Grass
or unk.) (If Yes, give war or dates		F12 7	1 01
or service)		3120	raing in
SES OR CONDITIONS DIRECTL		non	INTERVAL BETWEEN
Da I	10 224111		ONSET OND DEATH
IMMEDIATE CAUSE	(A) Corone	my (knowl outer	1 da .
	DUE TO		
	Janes Janes	lind artinionalina	7
RISE TO THE ABOVE CAUSE	DUE TO		9
UNDERLYING CAUSE LAST.	(0)		
SIGNIFICANT CONDITIONS			
E DEATH BUT NOT RELATED TO	THE		
OF OPERATION: 198. MAJO	R FINDINGS OF OPERATIO	N Company of the comp	20. AUTOPSY?
			YES NO
IBUTING CAUSE OF DEATH			ity) (State)
(Month) (Day) (Year) (Hour)		D 21F. HOW DID INJURY OCCUR?	
M,	While Not while at work		
eby certify that I attended	the deceased from Chang	26, 1955 to O.T. 14, 1955, that I las	t saw the deceased
)	5-00 M, from the causes and on the date	
		. ADDITION DA	AL DIUNED
B 3 Cla	2.60	- (-1 - a - 1/1 - 2)	10-16-5-
lover K. Jalla			10-16-55 (State)
AL, CREMATION, DATE THERE		GATTEREN LOCATION (25), town, of	
	(If outside corporate limits, write and live negrest town) ITAL OR TUTION OR TUTION OR TADDRESS OF Print) 6. COLON OR 17. SINGL WIDOW (Specific retired) 1. Tetired Colon of the working life of the retired of service) 1. SES OR CONDITIONS DIRECTLY 1. SIGNIFICANT CONDITIONS OF SECONDITIONS OF SECONDITIONS OF ANY. 1. SIGNIFICANT CONDITIONS OF DEATH BUT NOT RELATED TO SE OR CONDITION CAUSING OF OPERATION: 19B. MAJOR OPERATIO	MARYLAND (If outside corporate limits, write RURAL and rive negrest town) (If outside corporate limits, write RURAL and rive negrest town) (If outside corporate limits, write RURAL length of STAY (in this place) (If outside corporate limits, write RURAL length of STAY (in this place) (In t	MARYLAND (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) (If outside corporate limits, write RURAL (In this place) (If outside corporate limits, write RURAL (In this place) (If outside corporate limits, write RURAL (In this place) (If outside corporate limits, write RURAL (In this place) (If outside corporate limits, write RURAL (In this place) (If outside corporate limits, write RURAL (In this place) (If outside corporate limits, write RURAL (In this place) (If outside corporate limits, write RURAL (In this place) (If outside corporate limits, write RURAL (In this place) (If outside corporate limits, write RURAL (In this place) (If outside corporate limits, write RURAL (In this place) (If outside corporate limits, write RURAL (In this place) (If outside corporate limits, write RURAL (In this place) (If outside cor

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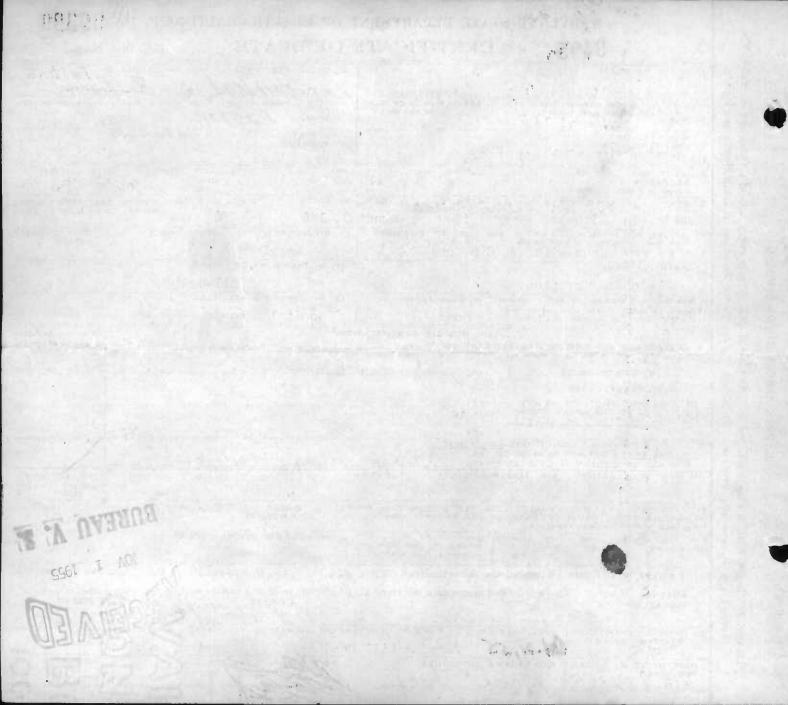
PLEASE TYPE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09389

1105	CERTIFICATE	OF	DEATH
1495	CERTIFICATE	OF	DEATH

Reg. Dist. No. 38

ibly.	1. PLACE OF DEATH:	2. USUAL RESIDEN	ICE (HOME) OF DECEASED	Lalbot		
of death clearly and legibly	COUNTY Bitimore MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Lutherville MARYLAND (in this place)	CITY(If outside co	propriete limits, write RURAL a	nd give nearest town)		
learly	HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor	STREET ADDRESS	(If rural give location)	/		
ath c	3. NAME OF (First) (Middle) DECEASED: (Type or Print) LAURA BARTLE	(Last)		Day) (Year) ber 2919 55		
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED. August		AGE last birthday IF UNDER 1 Y Months D			
causes	NOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife Own Home	II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF V. COUNTRY? Maryland				
	13. FATHER'S NAME:	14. MOTHER'S MAI	DEN NAME:	N		
e t	Richard Frampton		Ellen Rigby			
rit	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:				
se w	(Yes, vno, or unk.) (If Yes, give war or dates of service) None	Hospital Records				
please write the	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION		INTERVAL BETWEEN ONSET AND DEATH		
>su	49/X Brond	lo Janumon	in	3 weeks		
cia	ANTECEDENT CAUSE (S)					
Physicians	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO					
	(C)					
important.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ice arterio	selevosis			
impo	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N		20. AUTOPSY?		
ly.			- (Giran - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
especially	21A. ACCIDENT WAS UNDERLYING \(\) 21B. PLACE (Home, farm, factory. OR CONTRIBUTING \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory. OF INJURY street, office bldg., etc. INJURY OCCUR? (County) (County)					
is esp	21D TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 21F. HOW DID INJURY OCCUR?					
age	22 I hereby cerufy that I attended the deceased from Fall					
	alive on Oct 27, 19.55, and that death occurred at	6;30 AM, from the	e causes and on the date	stated above. TE SIGNED		
correct	+00	.D. 1101 M. Can	went St Balls Ort.	30, 1955		
00		ERY OR CREMATORY	Easton, Marylar			
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		PECTOR	ADDRESS		
	REGISTRAR COMPONENT OF THE PROPERTY OF THE PRO	111	To Page	stan Ma		



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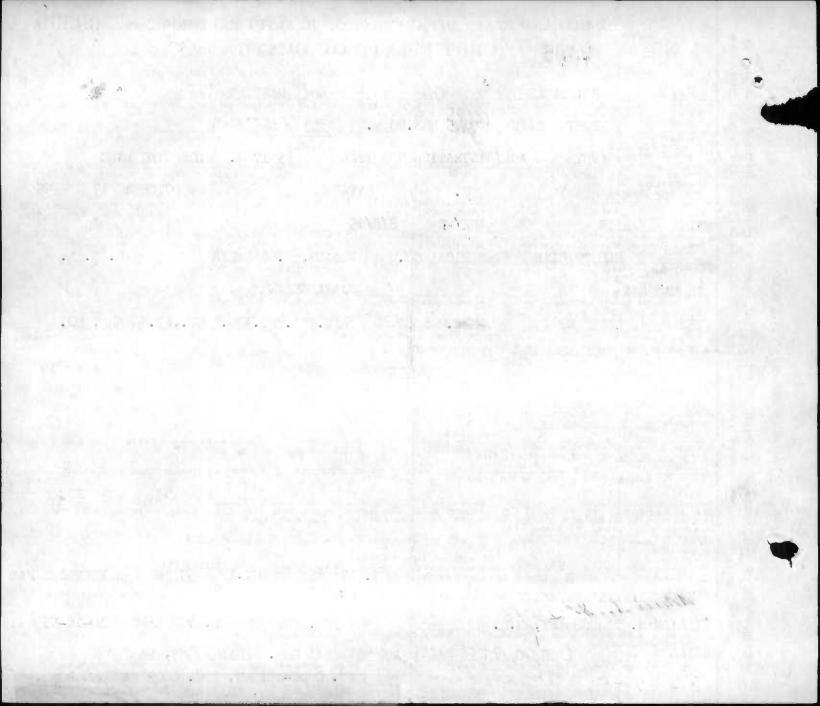
Supply every item of information carefu

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 9406

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		and give nearest town)
OR and give nearest town) (in this place)	OR	
TOWN FORT HOWARD 5 HRS.40 M.	TOWN BALTIMORE	5 V 0 1 -4
HOSPITAL OR	STREET (If rural give location)	
STREET ADDRESS VETERANS ADMINISTRATION HOSPI		NE.
DECFASED.	05	(Day) (Year)
(Type or Print) HENRY B. B.	BATES DEATH: OCTOBER	17 1955
	OF BIRTH: 9. AGE last birthday IF UNDER 1	
RACE: WIDOWED, DIVORCED, (Specify) MARRIED 8/8/	95 60 yrs. Months 1	Days Hours Min.
A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	II. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
work done during most of working life. OR INDUSTRY:	11. BINTIN EAGE (Base of Lotely)	COUNTRY?
even if retired) ELECTRICIAN ELECTRICAL CO.	ARNOLD, N. CAROLINA U	. S. A.
. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
MYTON 44 (9. V) 4 (9)	COADA WEATED	
THOMAS BATES	SCARA WEAVER	
. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Kes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
YES of service) WW I 220-03-6435	CLIN.REC.VET.ADM.HOSP.,FT.HOWA	RD. MD.
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
33/x		
IMMEDIATE CAUSE (A) RIGHT CERE	EBRAL HEMORRHAGE	UNKNOWN
DUE TO		
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, (B)		
STATING UNDERLYING CAUSE LAST.		
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.	N.	
JA. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO		20. AUTOPSY?
		YES NO
IA. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, fac CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., FEITHER, NOTIFY MEDICAL EXAMINER)	etory, 21c. WHERE DID (City or town) (Cour., etc. INJURY OCCUR?	nty) (State)
1D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?	
F INJURY While While at work at work		
VA	7.712:20 PM 000 7.26:00 PM	
2. I hereby certify that X attended the deceased from OCT.	. 17,13,20, PM OCT.17, 1955, XXXXXXX	EXSENSE FOR STANKEN AND STANKE
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	t 61:00 M. from the causes and on the date	stated above.
SIGNATURE	ADDRESS DA	TE SIGNED
16 12 00120 12211	TAU PODT HOWADD WADVIAND	10-18-55
	M.D. VAH, FORT HOWARD, MARYLAND TERY OR CREMATORY LOCATION (City, town, o	
REMOVAL (SPECIFY)		
URIAL OCT 20,1955 BALTIMORE N	NATIONAL CEM. BALTIMORE, MARYI	LAND
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR TO THE STATE OF THE S	. WM. COOKEBLIGHT, INC. 6009 HAR	RECED ROAD.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: legibly. 1. PLACE OF DEATH: COUNTY / Oall COUNTY MARYLAND CITY(If outside corporate limits, write RURAL and give nesrest town) (If outside corporate limits, write RURAL) LENGTH OF STAY and (in this place) OR OR and gife nearest town) information TOWN TOWN STREET (If ryral give location) clearly HOSPITAL OR INSTITUTION OR ADDRESS STREET ADDRESS (Middle) (Eirst) (Last) 4. DATE (Month (Day) (Year) NAME OF death OF DECEASED of 193 DEATH (Type or Print) item COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRS 5. SEX: WIDOWED, DIVORCED RACE: Monthsi Days Hours Jo (Specify): ma every causes 108. KIND OF BUSINESS BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT IOA. USUAL OCCUPATION (Give kind of) work done during most of working life, OR INDUSTRY COUNTRY? BINDING even if retired): USA me Supply MAIDEN NAME the 13. FATHER'S NAME: 18. WAS DEFEASED EVER IN U.S. ARMED FORCEST (Yes, no or unk.) (If Yes, give war or dates INFORMANT & 16. SOCIAL SECURITY NO. FOR Z of service) ease 18. MEDICAL CERTIFICATION INTERVAL BETWEEN SZ RESERVED ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ADI (A) Physicians IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) ARGIN GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) 3 nt. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING importa TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH AIN 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION: 20. AUTOPSY? NO V YES [PL especially 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) 21A. ACCIDENT WAS UNDERLYING TE OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) WRI 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) While Not while OF INJURY at work at work OR , 1955, to .../O ... 1.2, 1955 that I last saw the deceased 22. I hereby certify that I attended the deceased from 国 M from the causes and on the date stated above. 33 alive on 10 /12 , 1943 , and that death occurred at ADDRESS DATE SIGNED SIGNATURE M. D. SE LOCATION (City, town, or county) (State) NAME OF CEMETERY OR CREMATORY DATE THEREOF 23. BURIAL CREMATION, REMOVAL (SPECIFY) DATE REC'D BY LOCAL

BUREAU V. S.

S961 ST 130

DECENTED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

correct age is especially important. Physicians:

MARGIN RESERVED FOR BINDING

A15-10-53

please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

. 9407 CERTIFICATI	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Balto. MARYLAND	STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town) OR
Y TOWN Pikesville	STREET (If rural give location)
INSTITUTION OR OD STREET ADDRESS 508 Sudbrook Rd.	ADDRESS 508 Sudbrook Rd.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
	R, Sr. OF DEATH: Oct. 20, 19 55
RACE: WIDOWED, DIVORCED,	9. AGE last birthday IF UNDER TYEAR Months Days Hours Min.
male white married feb.	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life. OR INDUSTRY:	COUNTRY?
retired Dairyman Self Employed	Maryland
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph Bauer	Mary Elizabeth Bergen
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: Pikesville
(Yes, no, or unk.) (If Yes, give war or dates no of service)	Mrs. Johanna Bauer - 508 Sudbrook Rd.
18. MEDICAL CERTIFICAT	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
493× 2	1 de la constante de la consta
THINEDITTE CHOOL	enemoria / week
ANTECEDENT CAUSE (\$)	
DISEASES OR CONDITIONS, IF ANY. (B)	
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
(c)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Abdonia tumar
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY?
	YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	etory. 21c. WHERE DID (City or town) (County) (State), etc. INJURY OCCUR?
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE	D 21F, HOW DID INJURY OCCUR?
OF INJURY While While at work	
	100, 1955, to of 0, 1955, that I last saw the deceased
alive on	ADDRESS ADDRESS DATE SIGNED A.D. 1244 10/21/55
REMOVAL (SPECIFY)	TERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial 10/22/55 Druid Hid	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	124 FUNERAL DIRECTOR Jour - Ballo 17, Med.

this this

ours after death.

9418 CERTIFICATE OF DEATH

Item 12, FilmG188 11-3-55 et			Re	g. Dist. No.
1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DE	CEASED
COUNTY Baltimore	MARYLAND	STATE IId.	COUNTY	Baltimore
CITY (If outside corporata limits, write RURAL OR and give naerest town)	LENGTH OF STAY	CtTY (If outside corp	porate fimits, write RURAL en	d give neerest town)
52 TOWN Catonsville		TOWN Cator	nsville	52
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rurel give	location)
635 North Ber	nd Road	635 1	Torth Bend	Road
3. NAME OF (First) DECEASED	(Middle)	(Lost)	4. DATE (Mont	h) (Day) (Yeer)
(Type or Print) John Bauer			DEATH OG	t. 26/55 19
5. SEX 6. COLOR OR 7. SINGLE, MAI	RRIED, 8. DATE	OF BIRTH	9. AGE lest birthday	IF UNDER 1 YEAR IF UNDER 24 HR
Lale RACE to WIDOWED, (Specify)		19.1875	82 yrs.	Months Days Hours Min.
	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale or for	eign country)	12. CITIZEN OF WHAT
	ery Store	Germany		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Bauer		Unknown		
	16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS (Daught	erl
(Yes, no, or unk.) (If Yes, give war or dates of service)		irs. John	taib.361	2 Elkador Rd.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	18. MEDICAL CI	ERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
422. / IMMEDIATE CAUSE (A)		adla Tur-	00 1.0	ONSEI AND DEATH
DUE TO	and our	silettes	Carac	- s more
DISEASES OR CONDITIONS, IF ANY, (B)	V	Esula o	1, sen	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDING	S OF OPERATION			20. AUTOPSY?
	or oranginory			YES NO
21a, ACCIDENT WAS UNDERLYING 21b. PLACE (Ho OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street	oma, ferm, factory, t, office bldg., etc.)	21c. WHERE DID INJURY OCCU	JR? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21	te. INJURY OCCURRED	21f. HOW DID INJURY OCC	UR?	
M. at	twork L at work L		1	
22. I hereby certify that I attended the dec	eased from 9	19, 19, 10/0	12-6 1255	that I last saw the decease
alive on, 195,0, ar	nd that death occurred	at M. from the	causes and on the da	ate stated above.
SIGNATURE	Ilina.	ADD	RESS (Street, city, town	, stele) DATE SIGNE
VKM/////	Cleby M.D.	051 Will	an cert	
23. BURIAL, CRAMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY O		LOCATION (City, town,	
Durial Oct. 29/5	5 New Cathe		Baltimore	, lid.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATULE	RE	25. FUNERAL DIRECTOR'S	5IGNATURE	ADDRESS
DATE CT. 28 1955 Victor 6.0	Harry -	Warry H. Wit	zke. 4101 L	dmondson -ve-

PERSONAL PROPERTY OF DEATH



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CT SC 100 PM to the control of the C

MARYLAND STATE DEPARTMEN	NT OF HEALTH—BALTIMORE, 18	9394
4 9479 CERTIFICATE	E OF DEATH Reg. Dist.	No
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY BALTO. MARYLAND	STATE MO. COUNTY BAST	0
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and	give nearest town)
54 TOWN ESSEX	TOWN ESSEX (If rural, give location)	54
HOSPITAL OR INSTITUTION OR	ADDRESS	4
STREET ADDRESS 803 PLAIUIM AUE	PO3 PLA UIM (Lest) 4. DATE (Month) (Day	(Year)
8. NAME OF (First) (Middle) DECEASED: (Type or Print) FLIZABETH M	(Last) 4. DATE (Month) (Day) OF DEATH: OCT. 18	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday: IF UNDER 1	
F RACE: WIDOWED, DIVORCED, (Specify): OCT.	11-1895 60 yrs.	
10a. USUAL OCCUPATION (Give kind of two work done during most of working life, INDUSTRY:	R II. BIRTHPLACE (State or foreign country): 12	COUNTRY?
even if retired): — House wife	MD.	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
15. Was Deceased Ever In U.S. Armed Forces ? 16. Social Security No.: 17.	INFORMANT & ADDRESS:	SAME
(Yes, no, or unk.) (If Yes, give war or dates of service)	RUFUS K DEARMAN	ABOUE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Junte (hh)	morny Eleman	
Antecedent cause(s)	i C Vid.	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)	Ofense Wrentflewin	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:		20. AUTOPSY?
	(CTTY OR TOWN) (COUNTY)	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) HOMICIDE INJURY	(6.11 6.11 6.11)	(SIXIE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY M. work at work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from mw	7., 1914, to	aw the deceased
alive on 19.1. 19.1. and that death occurred at.		stated above.
SIGNATURE DEGREE OR TITL	I 4) Johnly Ha	7 10/19/
REMOVAL (Specify):	RY OR CREMATORY LOCATION (City, town, or co	onnty) /(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. EUNEBAL DIRECTOR	ADDRESS
REG. 2 (S) REGISTRAR'S SIGNATURE	John H Connelly E	ssel
Arra - "	-1	md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	093	38	};
9/10		TTTTC ATTE					1 7.	

9410	CERTIFICATE	OF DE	ATH	Reg. Dist	. No. /	
1. PLACE OF DEATH:		2. USUAL RES	SIDENCE (HOME)	OF DECEASE	D: (
COUNTY BALTIMORE	MARYLAND	STATE M	ARYLAND cou	NTY	1-9/19 .	
CITY (If outside corporate limits, write R) OR and give nearest town)	URAL LENGTH OF STAY	CiTY(If outs	side corporate limits,	write RURAL	and give nearest	town)
TOWN FORT HOWARD	B hrs. 55 min		BALTIMORE 7)_	5	73
HOSPITAL OR		STREET	(If rura	give location)		1
// CTREET ADDRESS	STRATION HOSPITAL		708 WISE AVE	NUE		-
3. NAME OF (First)		Last)	4. DATE		Day) (Year	(2)
DECEASED: (Type or Print) EDWARD	(NMT) B	ERNICK	OF DEATH:	OCTOBER :	16 195	5
5. SEX: 6. COLOR OR 7. SINGLE,	MARRIED, 8. DATE	OF BIRTH:	9. AGE last birtho		plus (c)	
MATE WHITE (Specify):	MARRIED 12/2)	186	68 y	rs. Months 1	Days Hours	Mln.
OA. USUAL OCCUPATION (Give kind of 108	KIND OF BUSINESS	II. BIRTHPLAC	E (State or foreign	country): 12.	CITIZEN OF	WHAT
work done during most of working life, even if retired):	OR INDUSTRY:				COUNTRY?	
13. FATHER'S NAME:	DAL MINES	SHENANDOA	H. PENNSYIVA	VIA I	U.S.A.	
JOHN BERNICK S. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	JULTA R	NT & ADDRESS:			
(Yes, no, or unka) (If Yes, give war or dates						
YES of service) WHI	179-09-7580		VET.ADM.HOSP	FT HOWA	RD, MD.	
H20.1 IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY,	(A) OLD AND RECI	ENT INFARC	is of the he	ART	UNKNOW!	
COLUMN DICE TO THE ABOVE CALLED	UE TO			11 nr		
	(C)					
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T					TO YEAR	
DISEASE OR CONDITION CAUSING DE						
19A. DATE OF OPERATION: 19B. MAJOR	FINDINGS OF OPERATION				YES N	PSY7
	3. PLACE (Home, farm, factor INJURY street, office bldg.,		RE DID (City or town CCUR?	n) (Coun	ty) (Stat	te)
DF INJURY M.	While Not while at work at work	21F. HOW D	ID INJURY OCCUR	Tro t		
22. I hereby certify that/ I attended the	e deceased from OCT.	16 , 195.5 , to	OCT16., 195.5	, that ides	trangtherdec	eased
	that death occurred at	4: 30PM, from	n the causes and RESS	on the date		
23. REMOVAL (SPECIFY)	NAME OF CEMETE	RY OR CREMAT	ORY LOCATION	TAND (City, town, o	10/17/55 r country/55	(State)
BURIAL Oct 19,1	955 SACRED, HEAR	T CEMETERY	BALTI	MORE, MA	RYLAND	
DAT REC'D BY LOCAL REGISTRAR'S	SIGNATURE		BLIGHT INC.	FUNERAL	HOME	

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MARYLAND S	TATE DEPARTMEN	NT OF HEALTH—BALTIMORE, 18	00206
9411	CERTIFICAT	E OF DEATH Reg. Dis	t. No.
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECASE	D:
COUNTY Daltemore	MARYLAND	STATE Md COUNTY SAL	timore
CITY (If outside corporate limits, write OR and give nearest town)		CITY(If outphie corporate limits, write RURAL	and give nearest to
X OR and vive nearest town)	(in this place)	TOWN Pikesville	*
MINSTITUTION OR STREET ADDRESS 6802 10	avajo Srive	STREET ADDRESS Havajo	rue
3. NAME OF (First)	(Myddles)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Acques	to de	CUSICIN DEATH: 10-	14- 19 Va
male white will	E. MARRIED. VED. DIVORCED.	1 38 yrs. Months	Days Hours N
IOA. USUAL OCCUPATION (Give kind of work done during mond of working life.	OB. WIND OF BUSINESS	11. SARTHPLACE (State or foreign country): 12	COUNTRY?
even if retired alsman	signor	14. MOTHER'S MAIDEN NAME:	
13 ATHER'S NAME:	0+.	14. MOTHER'S MAIDEN NAME:	
scrome 6. Ler	usleen	Lusau	
(Yes, no, or unk.) (If Yes, give war or dates of service)	16, SOCIAL SECURITY NO.	Helda Gornstein -	Anne
or service)	18. MEDICAL CERTIFICA		INTERVAL BETY
I DISEASES OR CONDITIONS DIRECTLY			ONSET AND DE
420.1		ENDU 'NEAR-	. 0 1
IMMEDIATE CAUSE	(A) CORO	NARY INFARCTION	I of hi
ANTECEDENT CAUSE (S)	DUE TO		
DISEASES OR CONDITIONS, IF ANY,	(B)		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO		
II OTHER SIGNIFICANT CONDITIONS O	(C)		
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING	THE		
	R FINDINGS OF OPERATIO	N	20. AUTOPS
	-		YES NO
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE (Home, farm, fa OF INJURY street, office bldg	etory, 21c. WHERE DID (City or town) (Cou 1,, etc. INJURY OCCUR?	nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work		
22. I hereby certify that I attended	the deceased from ALLY	1390, to 0 100017195, that I las	st saw the dece
alive on Sept 19 , 1955, an	nd that death occurred a	to M, from the causes and on the date	stated above.
Melenia n. Bond	len	M.D. 5000 Old Frederik Rd	10/15/5
23. PURIAL, CREMATION, DATE THER	EOF NAME OF CEME	TERY OR CREMATORY LOCATION (City, Jown,	
aurial 10-16-	V VVVVVV	ore review ou	no me
DATE REC'D BY LOCAL REGISTRAR	The develle	14. FUNERAL DIRECTOR	Sutaw /



SCT 19 1955



correct age

9412

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY BALTIMONE COUNTY MARYLAND	STATE MARY LAND COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	e nearest town)
57 OR givo nearest town) CATOUSVILLE (in this place)	TOWN BALTIMORE CITY	3 VA 1-11
HOSPITAL OR HOME IN THE PINES	STREET (If rural, give location)	
INSTITUTION OR TO THE STREET ADDRESS 16 FUSTING AVE	ADDRESS 3603 GLEN AVE.	V
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) JOSEPH BE	RNSTEIN OF DEATH 10	22 1955
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWER	S. DATE OF BIRTH 9. AGE last birthday II under I Months Months yrs.	year III under 24 hrs.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OB		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	LITHUANIA	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
HAKKI BERNSTEIN	GERTRUDE RICE	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	GALTIMONE
No service)	MRS ALBERT STARK 3603GLEN	AVE, MO.
18. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	The state of the s	INTERVAL BETWEEN ONSET AND DEATH
420.1	DIAL INFARCTION	Z 1
Immediate cause (a)	DIAC INPARCITON	5 MINUTES
Antecedent cause(s)	X ARTERIOSCLEROSIS	1 YEAR
Diseases or conditions, if any, (b) giving rise to the above cause		1600
stating the underlying cause last	ED DOTEDIAGELE DAGE	5 YEADS
	ZED ARTERIOSCLEROSIS	5 YEARS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ONE	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
NONE		Yes II No A
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	ST. T. T.
INJURY m. Work At work		
On Thereby seed for the Art Tests and the deceased from	, 1950, to 10-22, 1955, that I last sa	- Al - 3
22. I hereby certify that I attended the deceased from	, 19, that I last sa	w the deceased
alive on 10-15, 1955, and that death occurred at	8m., from the causes and on the date sta	ted above.
De At Day A	Zana TAMAN PARALE A- 3	10.
23. BYRIAL, CREMATION DATE THEREOF NAME, OF CEMETE	3202 ANEY TO, BALT MORE 13, 1 BY OR CREMATORY LOCATION; City, town, or codets	4D 10-22-55
23. By Rial, CREMATION DATE THEREOF NAME OF CEMETER	Cale A-all	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	A. FUNERAL DIRECTOR	ADDRESS/)
REG. 10-23-55 97 & Harry	Jack Lewis Oto 2100 Eul	20 Pb

VS. A15

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BUREAU V. S.

OCT 25 1955

BARCEIN SI

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	9413 CERTIFICATE	E OF DEATH Reg. Dist.	No
oly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
carerui	county Balto. MARYLAND	STATE	.to.
and le	CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Carney LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL and OR TOWN Carney	d give nearest town)
nformation clearly and	HOSPITAL OR INSTITUTION OR 2615 Joppa Terr.	STREET (If rural give location) ADDRESS 2615 Joppa Terrace	1
Supply every item of information carefully te the causes of death clearly and legibly.	DECEASED: (Type or Print) ERVIN R. BLO	(Last) 4. DATE (Month) (Date (Deport) OF DEATH: Oct. 30	, 19 55
y iten s of d	male white (Specify): Married July 5		ys Hours Min.
y every causes	work done during most of working life. even if retired): rtd 10B. KIND OF BUSINESS OR INDUSTRY: Stock Exchange	Illinois	ITIZEN OF WHAT
pply	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Suj	William Bloedorn	Annie	
UNFADING INK. Supply sicians: please write the	(Yes, no, or unk.) (If Yes, give war or dates of service) wor or war or dates	17. INFORMANT & ADDRESS: Mrs. Grace A.Bloedorn-2615 Jopp	a Terr.
Geas	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
i	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
A I	IMMEDIATE CAUSE (A) Ocho	nary Occlusion	Idays
TH UNFAI	ANTECEDENT CAUSE (8)	· to A Discourse	
I L	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DIF TO	o-vaccular alexand	atho
	STATING UNDERLYING CAUSE LAST. (C) Arab	atrs mellitus	10 ipro
AINLY, Winportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		/
imp	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N .	20. AUTOPSY7
WRITE PLAINLY, especially importan	21A. ACCIDENT WAS UNDERLYING \(\) 21B. PLACE (Home, farm, fact OR CONTRIBUTING \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?) (State)
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
E OR	22. I hereby certify that I attended the deceased from 195		
PLEASE TYPE OR correct age is	SIGNATURE THOMAS TO CONSTRUCT	8. U. M., from the causes and on the date st ADDRESS DATE	ated above. signed
ASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (City, town, or	county) (State)
LE	Burial 11/2/55 Forest Home		ADDRESS
P.	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	DVM & Victor Ysbus.	Balls 17 Md

MARGIN RESERVED FOR BINDIN

VS. A15-10-53

WRITE PLAINLY, WITH UNFADING INK.

correct age is especially important. Physicians:

Supply every item of information carefully. The

please write the causes of death clearly and legibly.

PLEASE TYPE OR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1809398

· · · · · · · · · · · · · · · · · · ·	CI DIAII Reg. Dist.	No. / /
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED);
COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY	30 Uto
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL at	nd give nearest town
OR and give nearest town) (in this place)	OR	nd give nearest pown)
TOWN FORT HOWARD 2 HRS. 20 MI	NS. TOWN BALTIMORE - 27	03X-1
HOSPITAL OR	STREET (If rural give location)	
STREET ADDRESS/ETERANS ADMINISTRATION HOSPIT	AL 1319 BIRCH AVENUE	
	(Last) 4. DATE (Month) (E	Day) (Year)
DECEASED: (Type or Print) WILLIAM T. B	BLOUNT DEATH: OCTOBER	1 19 55
	DEATH. OUT OF THE	
RACE: WIDOWED, DIVORCED.	of the rest printing it broken 1 41	ays Hours Min.
MALE WHITE (Specify): DI YORCED 8/1	.2/25 30 yrs.	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
august if matimatic		COUNTRY?
13. FATHER'S NAME:	BALTIMORE, MARYLAND	U.S.A.
IJ. FAIRER S NAME:	14. MOTHER'S MAIDEN NAME:	
MACK BLOUNT	RUTH MCCARRON	
IS. WAS DECRASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unks) (If Yes, give war or dates		
YES V of service) WWII 221-72-0863	CLIN.REC.VET.ADM.HOSP.,FT.HOWA	RD, MARYLAND
18. MEDICAL CERTIFICATI		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
4201		
IMMEDIATE CAUSE (A) MYOCARDIAL	INFARCTION	UNKNOWN
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, (B)		
STATING UNDERLYING CAUSE LAST. DUE TO		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH. GLOMERULONE	PHRITIS	UNKNOWN
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	V	20. AUTOPSY?
		YES NO A
<u> </u>		
21A. ACCIDENT WAS UNDERLYING \(\) 21B. PLACE (Home, farm, factor of the contribution	etc. 21c. WHERE DID (City or town) (County INJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY While Not while	217. NOW DID INSORT OCCORT	
M. at work at work	0. 35 DW 1 of ma	
22. I hereby certify thav A attended the deceased from OCT.	TOSS to COM TOSS TOST TOTAL TOTAL	toward found towards
	4: 35PM, from the causes and on the date s	tated above.
SIGNATURE Garrowski		E SIGNED,
WALTER PIJANOWSKI, M.D. M.	D. VAH, FORT HOWARD, MD. 1	.0/2/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or	
BURIAL (6FECIFY) 10-5-55 BALTIMORE N	MATIONAL BALTIMORE, MARYL	AND
DATE RICED BY LOCAL MEDISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
- FF FF TO THE POST OF THE POS	THE PROPERTY OF THE PROPERTY O	UDDUE33

Z. A NASHUREAU V. Z.

MARYLAND	STATE	DEPARTMENT	oF	HEALTH—BA	LTIMORE,	18
	CITIT	AMERICA A MITS	OT	TOTAL		

0	415	CERTIFICATE	OF	DEATH
IJ	45 1 1	OBJECTIVE		A LILL LA

Reg. Dist. No.

9415 CERTIFICAT	E OF DEATH Reg. Dist.	No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY		nd give nearest town)
OR and give nearest town) TOWN FOR T HOWARD. (in this place) 23 DAYS	TOWN BAL TIMORE	3101.4
HOSPITAL OR SINSTITUTION OR STREET ADDRESSYSTERANS ADMINISTRATION HOSPI	STREET (If rural give location) ADDRESS	1
3. NAME OF (First) (Middle)		Day) (Year)
DECEASED.	RNER OF DEATH: OCTOBER	8 19 55
		PAR IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPEN TER STEEL CO.	11. BIRTHPLACE (State or foreign country): 12. BRUNSWICK, MARYLAND	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
WALTER E. BOERNER	REBECCA MOHN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or usk.) (If Yes, give war or dates of service) WW I 214-03-5056	CLIN.REC., VET.ADM.HOSP., FT.HO	WARD, MD
ANTECEDENT CAUSE (S)	INFARCTIONS LEFT VENTRICLES TERIOSCLEROSIS AND THROMBOSIS	UNKNOWN UNKNOWN
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	DN	20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, faction of Contributing Cause of Death (if either, notify medical examiner)	., etc. INJURY OCCUR?	ty) (State)
OF INJURY OF INJURY While Not while at work		
22. I hereby certify that I attended the deceased from SEPT address and that death occurred a SIGNATURE WILLIAM B. VANDERGRIPT	M.D. VAH, Fort Howard, Md.	stated above. TE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME	TERY OR CREMATORY LOCATION (City, town, or MEMORIAL PARK BELTIMORE, MARY)	AND (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	JAMES L. MCCULLY FUNERAL HOME 128 E. FORT AVE. Balto.MD.	

THE V -- 1 1 1 1 1 1 1 1 . . LO INTEL BUILD AFFORD WHILE SERVICE OF THE e east to the east to the second seco A STATE OF THE STA # # 12 : W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No
MEDICAL	EAHWILLIUM S	CERTIFICATE	Or	DEATH	No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY alt re MARYLAND	STATE TYLAN COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN LENGTH OF ST (in this place)	OR	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pring Trove State Hospital	STREET (If rural, give location) ADDRESS 2476 - Airley Avenue	/
3. NAME OF (First) (Middle) DECEASED: (Type or Print)	(Last) 4. DATE (Month) (Day) OF DEATH Cotober 13	-4-4
Fonale RACE: WIDOWED, DIVORCED, (Specify): idowed	ATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 Y Months Da	ys Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): INDUSTRY:	OR 11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
13. FATHER'S NAME: G11man	14. MOTHER'S MAIDEN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Records Spring Trove State Hospit	al
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422/ Immediate cause (a) DUE TO Antecedent cause(s) Diseases or conditions, if any, (b)	c failure ctic cardiovascular disease	INTERVAL BETWEEN ONSET AND DEATH
giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Simility	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION	1 :	20. AUTOPSY?
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF street, office bldg., CAUSE OF DEATH.	etc.,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not wbil at work ☐ at work	e	
Jul fr. Kieffer	ceident [], Suicide [], Homicide [], Undeter CHIEF MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. []	mined cause DATE SIGNED
16/14/55 hit Cap	TERY, OR CREMATORY LOCATION (City, town, or con	2
DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE	Brazensky of Sa 3501-1	4d 10 01

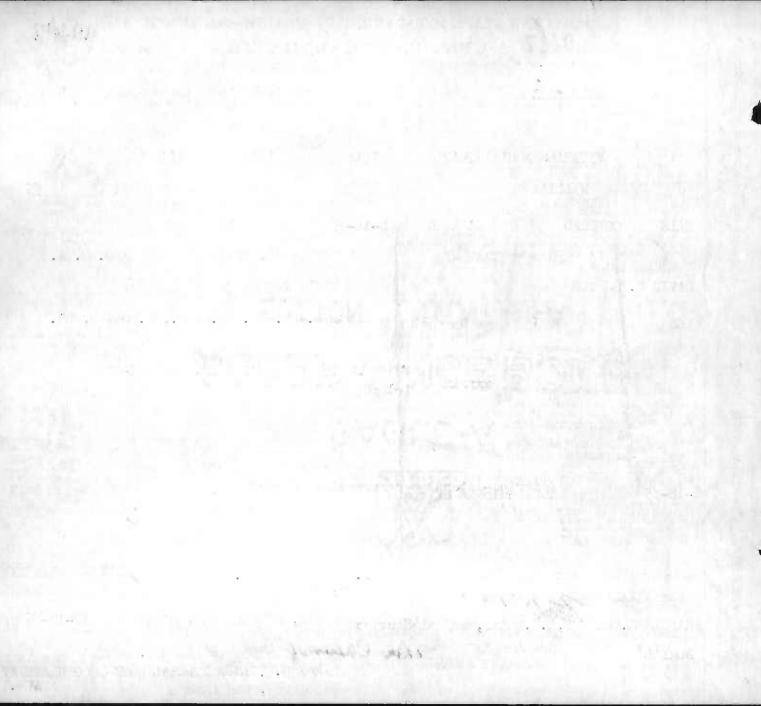
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

BECEIVED

BUREAU V. S.

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED): /
	COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY ANNE	ARUNDEL
	CITY (If outside corporate limits, write RURAL) LENGTH OF ST	TAY CITY(If outside corporate limits, write RURAL a	nd give nearest town
	X TOWN FORT HOWARD 68 DAYS		02x-2
6	HOSPITAL OR INSTITUTION OR STREET ADDRESS ADMINISTRATION HOSPI	STREET (If rural give location) ADDRESS	./
V	3. NAME OF (First) (Middle)		Day) (Year)
3		OF OF	L2 1955
2	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. D/ RACE: WIDOWED, DIVORCED,	ATE OF BIRTH: 9, AGE last birthday IF UNDER 1 Y Months D	
		-12-95 60 yrs.	
C	OA. USUAL OCCUPATION (Give kind of work done during most of working life, oR INDUSTRY:		COUNTRY?
1	even if retired): LABORER TANNERY 3. FATHER'S NAME:	WATERBURY, MARYLAND	. S. A.
	DAVID N. BOSTON	MARIE JACOBS	
	S. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO		
(YES (If Yes, give war or dates of service) WW I Unknown	CLIN.REC.VET.ADM.HOSP.,FT.HOWAF	ED, MD.
	18. MEDICAL CERTIFI I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ICATION	INTERVAL BETWEEN
	0/0 0		ONSE! AND DEA!
	IMMEDIATE CAUSE (A) LUDERUULU	OSIS OF VERTEBRAE T-10, T-11, T-12	
	ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B)		UNKNOWN
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
	(C)		,
I	TO THE DEATH	LEGIA	TINESIONES
7	19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERA	REMIA, PROTEUS VUIGARIS	UNKNOWN 20. AUTOPSY?
	8-18-55 Anterio - lateral decomp	ression of cord	YES NO
3			
20	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, or CONTRIBUTING CAUSE OF DEATH OF INJURY street, office by	, factory, 21c. WHERE DID (City or town) (Count	ty) (State)
200	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, or CONTRIBUTING CAUSE OF DEATH OF INJURY street, office but the contribution of the contribut	, factory, bldg., etc. 21c. WHERE DID (City or town) (Count NJURY OCCUR?	ty) (State)
20(2	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, or CONTRIBUTING CAUSE OF DEATH OF INJURY street, office but the contribution of the contribut	, factory, bldg., etc. 21c. WHERE DID (City or town) (Count NJURY OCCUR?	ty) (State)
20000	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, or contributing Cause of Death of Injury street, office by the contribution of Injury of Injury occupation occupation of Injury occupation occupa	, factory, bldg., etc. 21c. WHERE DID (City or town) (Count INJURY OCCUR?	
20000	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, or CONTRIBUTING CAUSE OF DEATH OF INJURY street, office by the contribution of the contributi	RRED 21F. HOW DID INJURY OCCUR? 103. 5. , 1955, to OCT. 12. , 1955, XXXXXXIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	OXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
20(20	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, or contributing Cause of Death of Injury street, office by the contribution of Injury street, office by the contribution of Injury occupy. 21b. PLACE (Home, farm, of Injury of Injury of Injury of Injury occupy. 21c. Infe (Month) (Day) (Year) (Hour) While at work at work. 22c. I hereby certify that attended the deceased from AU	RRED 21F. HOW DID INJURY OCCUR? Country 21f. How DID INJURY OCCUR?	OKANOKKANAOKAN
20(20	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, or CONTRIBUTING CAUSE OF DEATH OF INJURY street, office being the contribution of the contrib	RRED 21F. HOW DID INJURY OCCUR? Country 21f. How DID INJURY OCCUR?	OXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
20 (NO	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, or contributing Cause of Death of Injury street, office by the contribution of Injury street, office by the contribution of Injury occupy. 21b. PLACE (Home, farm, of Injury of Injury of Injury of Injury occupy. 21c. Infe (Month) (Day) (Year) (Hour) While at work at work. 22c. I hereby certify that attended the deceased from AU	rred 21f. How DID INJURY OCCUR? Count 21f. How DID INJURY OCCUR? 21f. How DID INJURY OCCUR? Count 21f. How DID INJURY OCCUR? 21f. How DID INJURY	stated above. FE SIGNED 10-12-55 county) (State
200120	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, or CONTRIBUTING CAUSE OF DEATH OF INJURY street, office is contributing CAUSE OF DEATH OF INJURY street, office is contributed by the contributed of the deceased from AUXAVAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	G. 5., 1955, to OCT. 12., 1955, XXXXXXXI d at 3:25AM, from the causes and on the date ADDRESS METERY OR CREMATORY DATE OF THE COLUMN City, town, or BALTIMORE, MARY	stated above. FE SIGNED 10-12-55 county) (State



OR WRITE PLAINLY, WITH UNFADING INK.

PLEASE TYPE

Supply every item of information carefully. The

VS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09403

9418 CERTIFICATE OF DEATH

			>	3
Reg.	Dist.	No.	J	0

	0410 021111	d OI Dillin Reg. Dist	. 110.00
legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	0: 00
90	COUNTY MARYLAND	STATE / COUNTY /	acco
and l	OR and give nearest town) TOWN CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corpbrate limits, write RURAL or TOWN	and give nearest town)
clearly	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location)	l
death cl		OWN A DATE (Month) OF DEATH:	Day) (Year) 5 19 リザ
of	5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED. DIVORCED. RACE: (Specifyhaused Feb		Pays Hours Min.
causes	work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY!
e the	13. FATHER'S NAME: Brown	Release Myer	0
se write	15. WAS DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO. (Yes, no. or unk.) (If Yes, give war or dates of service)	Haven Brown-Reiste	ectour me
please	18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
pld	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	420,1	and Aller a boin	11 800
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correct	SIGNATURE	ADDRESS DAT	TE SIGNED -
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Supply every item of information carefully.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
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l le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give negrest town)	CITY(If outside corporate limits, write RURAL at	nd give nearest town
and	52 TOWN Catous le 4 Since 10/10/55	TOWN Have de ba	ee 12-24:
rly	HOSPITAL OR INSTITUTION OR (STREET (If rural give location)	
clearly	14 STREET ADDRESS Jony from State Hogalit	moves till	
hc	3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (I	Ony) (Year)
death	(Type or Print)	SUNCE DEATH: 10	1977
of	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	9. AGE last birthday FUNDER 1 Y Months D	ays Hours Min.
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	II. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	gacof Bunce	Mayaet Telonimons	
se write	15. WAR DECORSED EVER IN U.S. ARMED FORCES: (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFOHMANT & ADDRESS:	
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a	22. I hereby certify that I attended the deceased from	10 , 1955, to 10.24, 19.55, that I last	saw the deceased
ect ag	alive on 101.71, 1955, and that death occurred at		stated above.
orrect	Rena Becher	M. D. Symy Some Hosp	0/21/5

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

10-24-55

Darlington Cometery

Darlington Cemetery Darlington, Harford County, Md.

DATE REC'D BY LOCAL SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Pennington & Son, Havre de Grace, Md.

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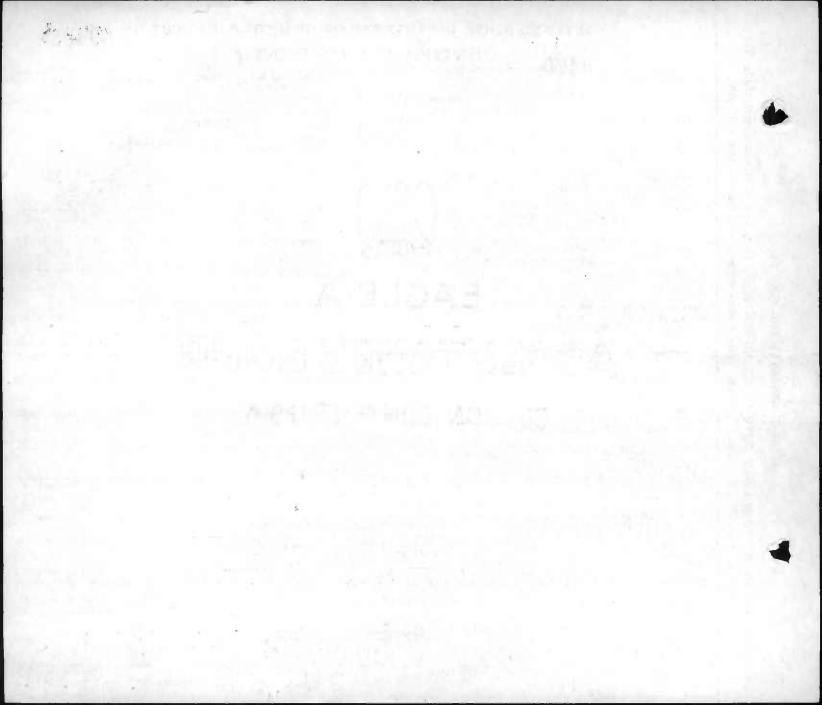
PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORI	Ē,	18	09	405
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1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:				
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OR	and give -nearest to	SAN) CA	4 (in this place)	OR 12	altimore	
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13. FA	THER'S NAME:		W	14. MOTHER'S MA	IDEN NAME:	
	?		Carlson	?	?	
IS. WAS	DECEASED EVER IN U.S.	ARMED FORCES?	. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS:	
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22. I hereby certify that I attended the deceased from May 17, 1955, to Oct. 25, 1955, that I last saw the alive on Oct. 24, 1955, and that death occurred at 5:45PM, from the causes and on the date stated ab SIGNATURE M.D. 516 Cathedral St. Oct. 26, 1955, and that death occurred at 5:45PM, from the causes and on the date stated ab SIGNATURE M.D. 516 Cathedral St. Oct. 26, 1955, that I last saw the salive on Oct. 26, 1955, that I last saw the salive on Oct. 25, 1955, that I last saw the salive on Oct. 26, 1955					e stated above.	
	Some 6	2. m	1200 .	.D. 516 Cathed	dral St. Oct	26, 1955
23. BL RE	JRIAL, CREMATION, EMOVAL (SPECIFY) Urial	Oct 28,195	NAME OF CEME	ery or crematory	LOCATION (City, town, Baltimore,	
DATE	REC'D BY LOCAL	REGISTRAR'S S		John A	IRECTOR	ADORESS Balto. St.

John A Moran



RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

especially important. Physicians:

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correct age

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please write the causes of death clearly and legibly.

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S. NAME OF DECEASED: (First) WALTER MILLS CHART (D. 1) (Day) (Year) DECEASED: (Type or Print) WALTER MILLS CHART (D. 1) (Day) (Year) OF Print) WALTER MILLS CHART (D. 1) (Day) (Year) OF Print) WALTER MILLS CHART (D. 1) (Day) (Specify) (S	HOSPITAL OR	STREET (If rural give location)				
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Work done during right of working life, even if retired; 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	RACE: WIDOWED DIVORCED.	Months Days Hours Min.				
13. ATHER'S NAME: Thomas Carmine If, was deceased ever in u.s. armed forcer (Yes, no, or unk.) Iff Yes, give war or dates If was deceased ever in u.s. armed forcer (Yes, no, or unk.) Iff Yes, give war or dates If yes, no, or unk.) Iff Yes, give war or dates I diseases or conditions directly Leading to death I diseases or conditions directly Leading to death I mediate cause (A) ORDING ORDING ORDING INTERVAL Between onset and death I	work done during most of working life OP INDICTOY.	COUNTRY?				
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21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OF INJURY Street, office bldg., etc. INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED Not while at work 19. Injury occur? 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED Not while at work 21F. HOW DID INJURY OCCUR? While at work 19. Injury occurred in the causes and on the date stated above. DATE SIGNED ADDRESS DATE SIGNED M. D. DUMANG - WHAT - OCCURRED NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Denton Ceme Denton Md. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24/ FUNERAL DIRECTOR ADDRESS M.D. DATES M.D. DATE SIGNATURE DENTON Md.		N 20 AUTOREVA				
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work 22. I hereby certify that I attended the deceased from Andrews and on the date stated above. 22. I hereby certify that I attended the deceased from Andrews and on the date stated above. 23. I hereby certify that I attended the deceased from Andrews Address M. D. Address M. D. Address DATE SIGNED 10/15/55 Denton Ceme Denton, Md. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24/ FUNERAL DIRECTOR Appress M. D. DECETOR Appress A) John Marie	20. 40101311				
While at work Not while at work 2. I hereby certify that I attended the deceased from A. 19. I to Of 13., 19. I, that I last saw the deceased alive on A. 19. I, and that death occurred at A. M., from the causes and on the date stated above. SIGNATURE M. D. DATE SIGNED M. D. DATE SIGNED ADDRESS BURIAL. CREMATION. REMOVAL (SPECIFY) Burial DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Burial DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS Denton Ceme ADDRESS Denton, Md.	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?					
alive on Oct. 12. , 19. V., and that death occurred at 10 AM, from the causes and on the date stated above. SIGNATURE M. D. DUMANG - V. MA - 10/13/V.J. 23. BURIAL. CREMATION. REMOVAL (SPECIFY) Burial Denton Cem. Denton, Md. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Denton Cem. Appress MA	OF INJURY While Not while					
ADDRESS M. D. DUMANK - VV MA - 10/13/VJ 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY) Burial Denton Cem. Denton, Md. DATE SIGNED M. D. DUMANK - VV MA - 10/13/VJ (State) Denton Cem. Denton, Md.	22. I hereby certify that I attended the deceased from Of 18, 19 Joto Oct 13, 19 J., that I last saw the deceased					
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (SPECIFY) Burial 10/15/55 Denton Cem. Denton, Md. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24/ FUNERAL DIRECTOR APPRESS MARKET CONTROLL REGISTRAR'S SIGNATURE 24/ FUNERAL DIRECTOR APPRESS	alive on Oct /2, and that death occurred at 100 M, from the causes and on the date stated above.					
REMOVAL (SPECIFY) Burial 10/15/55 Denton Cem. Denton, Md. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24/ FUNERAL DIRECTOR APPRESS MARKET CONTROLL APPRESS MARKET CONTROL	1/1/20 ms ms M.D. Dunday - 2 md - 10/13/55					
Burial 10/15/55 Denton Cem. Denton, Md. Date REC'D BY LOCAL REGISTRAR'S SIGNATURE 24/ FUNERAL DESCRIPTION APPRESS WAR		ERY OR CREMATORY LOCATION (City, town, or county) (State)				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24/ FUNERAL DIRECTOR APPRESS MA	n · n lenton Cor					
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR APPRESS Med				

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4/

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Baltimore MARYLAND	STATE Md. COUNTY Baltimo	ore		
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Dundalk LENGTH OF STA (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Dundalk 53			
HOSPITAL OR OSTREET ADDRESS 7501 German Hill Road	STREET (If rural, give location) ADDRESS 7501 German Hill Road	1		
3. NAME OF DECEASED: (First) (Middle) (Type or Print) HeNRY	ARROLL 4. DATE (Month) (Day) OF DEATH OCT. 17	(Year) 1955		
male RACE: WIDOWED, DIVORCED, (Specify): married May				
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Nurseryman 10b. KIND OF BUSINESS INDUSTRY: Colgate Nursery		CITIZEN OF WILA' COUNTRY? U.S.A.		
13. FATHER'S NAME: Edward Carroll	14. MOTHER'S MAIDEN NAME: Laura Napier			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	Anna Smith, dght, 514 Quail St.,	Zone 24		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a)	CAL CERTIFICATION Occursion	INTERVAL BETWEEN ONSET AND DRATH		
Diseases or conditions, if any, (b)				
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No D		
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., et CAUSE OF DEATH. 21d. TIME (Month) Pay (Year) (Hour) 21d. INJURY OCCURRED	ry, 21c. (City or town) (County) 21f. HOW DID INJURY OCCUR?	(State)		
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURED While at Not while over the work to the wor				
		mined cause DATE SIGNED		
REMOVAL (Specify): Burial 10/20/55 Oak Lawn Cer DATE REC'D/BY LOCAL REGISTRAR'S SIGNATURE	Baltimore, Md. 25 FUNERAL DIRECTOR 25 Chimunek Funeral Home, Inc.	ADDRESS		
REG. 10/20/53 A. W. Hedrich	2601-3-5 E. Madison St.			

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nours after death.

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9422

CERTIFICATE OF DEATH

Reg. Dist. No. 44 0

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY PO - O TO	21 1 1 1			
COUNTY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest 1970)			
OR and give nearest town) // , (in this place)	OR J			
X TOWN Long Grean 45 yrs	TOWN Love Green Max			
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)			
OO STREET ADDRESS	Control			
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)			
(Type or Print) Lucration Grace C	arter DEATH Oct 21- 1955			
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O WIDOWED, DIVORCED,				
(Specify) married how	28-1875 7 9 yis. Months Days Hours Min.			
100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT			
done during most of working life, even if relired)	M J COUNTRY?			
13, FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME			
C C Sail	(+ 1 · 1 · 1 · 1			
3, 3, 8 moores	- Carriere Cl, Noy			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (If Yas, give wer or dates of service)	17. INFORMANT & ADDRESS			
(Yas, no, or unk.) (If Yas, give wer or dates of service)	B, W. Carley tong sucen led			
18. MEDICAL CER				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH			
33/X IMMEDIATE CAUSE (A)	1 Mmonnago necks			
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (8)	- Seserous / 240			
GIVING RISE TO THE ABOVE CAUSE DUE TO				
(C)	//			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.				
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory, 2	YES NO			
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	(State) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED White Not white	21f. HOW DID INJURY OCCUR?			
M. at work at work				
22. I hereby certify that I attended the deceased from 1925 toll 21, 1953, that I last saw the deceased				
signature 19 and that death occurred at	M, from the causes and on the date stated above. ADDRESS (Street, city, town, state) DATE SIGNED			
thether Males	BOOL SIGNED			
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	Wellow Cl 20-38			
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, Town, or county) (State)			
Bural Ver, 4-55 rove M. C	he em sore ma			
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
DATE Oct 25-55 G. E. allur	G. E. aithur Fork Ma			

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: ully. The legibly. Baltimore Baltimore STATE Marvland COUNTY COUNTY MARYLAND carefully. LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL OR and give nearest town)
TOWN Reisterstown (in this place) OR Glyndon HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS Main Street ETREET ADDRESS f information death clearly (First) (Middle) (Last) 4. DATE (Year) (Month) (Day) DECEASED Oct. 2 Cere Andre (Type or Print) DEATH 5. SEX: 6. COLOR OR 7. SINGLE. MARRIED 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNOER I YEAR | IF UNDER 24 HRS. WIDOWED WIVORCED 20,1901 April 54 Months Days 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of work life, INDUSTRY: COUNTRY? Bordeaux France even if retired): Farmer Unknown Fmoll. 14. MOTHER'S MAIDEN NAME. 13. FATHER'S NAME: Unknown Cere Helena Cere 15. WAS DECEASEO EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: Mrs Arther Foster, Glyndon, Md. service) Supply No 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH 33/X Gerebral Hemorrhage min. Immediate cause (a) DUE TO UNFADING Physicians: p Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? mone Yes | No k 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., 21c. (City or town) (State) PRIMARY or CONTRIBUTING CAUSE OF DEATH. 21f. HOW DID INJURY OCCUR? pecially 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause , RITE is e CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. SIGNATURE DATE SIGNED W Se 28. BURIAL, CREMATION, REMOVAL (Specify):
Burial NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Oct.5.1955 Saints Cemetery Reisterstown.Md. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 5.55 J.F. Eline & Son's Reisterstown, Md.

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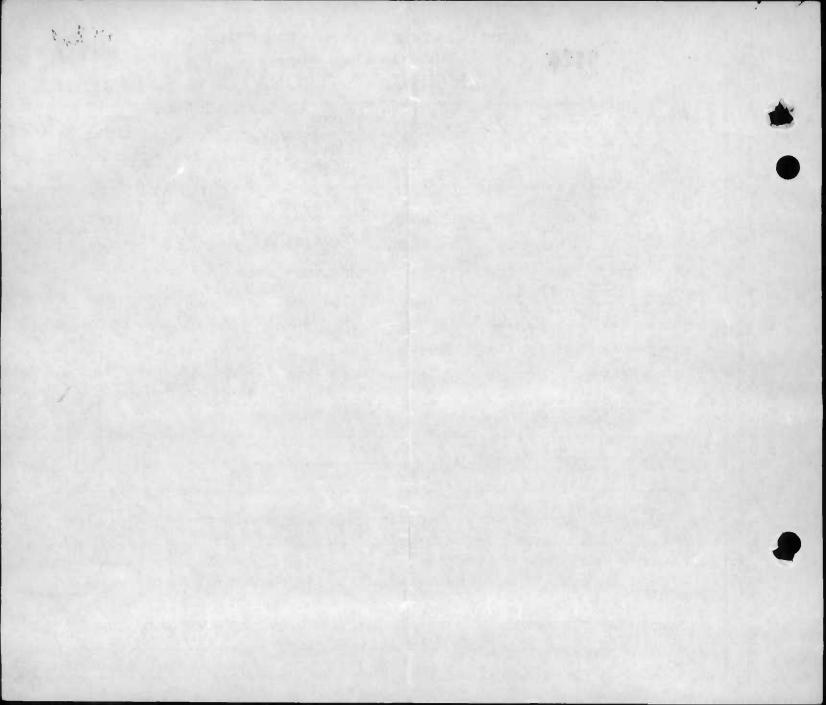
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09411

	BOT DEIXIII Reg. Dist	. No
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY BOLTIMOYE MARYLAND	STATE Maryland cou	NTY Rolling
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL an	d give nearest town)
OR give nearest town)/ Middle River (in this place)	TOWN Rural Middle	RILIPK X
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location	n)
Ob STREET ADDRESS 7 Compass Nd.	ADDRESS 7 Compass Rd	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) / Tr/En/a J. C/	herry DEATH Oct.	27 1953
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED		nder I year If under 24 hrs
Pmale VIII/E (Specify) Mary jed	10971,13,18891 // ym.	tha Days Hours Min.
done during most of working life, even if retired) INDUSTRY	II. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME	Mennsy/vania	U, S. A.
D. C. T. C. L.	14. MOTHER'S MATDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Alice Baughman	
(Yes, no, or unknown) (If yes, give war or dates of	A Land Land	. PI
NO Iservice) NONE 18. MEDICAL CEI	Charles H. Cherry - 7 Compass	//d.
	CHIFICATION ,	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 / 11 10 11	ONSET AND DEATH
Immediate cause (a) Cover	ma of romerada	en 3 moo.
AMMINIONANO DI MODO		**************************************
Antecedent cause(s) Diseases or conditions, if any, (b)		
giving rise to the above cause	*** **********************************	Heli
stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death hut not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
CA of Ir.B.		Yes 🗆 No 🕅
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUN	
HOMICIDE OF oince bidg., etc.)		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not White	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
On I have be satisfy that I attended the dammed from blad	OST ACT OF	
22. I hereby certify that I attended the deceased from	, 19. , to, 19. d., that I las	st saw the deceased
alive on 10 - 195 and that death occurred at	7:3	e stated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
morm tomber mo	PAK + Whilele (Mal	10.2 Var. 5.5
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or c	county) (State)
REMOVAL (Specify) Oct. 24, 1955 Martins by	wa Pa. Martinshu	(a Pa (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS 0 4
REG/194/st 11.12 Hodrich	Larrolm Finesal Fine - 74	101 Palace Pl
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Supply every item of information carefully, The



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09412 9425

CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):		
	COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Bal.	timore		
	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a			
	5 or and give nearest town) Catonsville 28 days	or Town Relay	100		
	HOSPITAL OR	STREET (If rural give location)	01		
	INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	ADDRESS 4923 Cedar Avenue	1 1 1		
	DECEASED:	OF October	Day) (Year)		
		Clark October	19		
	RACE: WIDOWED, DIVORCED.	9. AGE last birthday 1 UNDER 1 Y Months D	ays Hours Min.		
2	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT		
	work done during most of working life, even if retired): None	North Carolina	SANTRY?		
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
	Aeron Clark	Mary Francois			
	IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:			
7	(Yes, no, or unk.) (If Yes, give war or dates	Records Spring Grove State Hospital			
	No of service) Unknown				
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN		
	493 X				
	MMEDIATE CAUSE (A) Pneumonia		2 days		
	ANTECEDENT CAUSE (S)				
	DISEASES OR CONDITIONS, IF ANY. (B) GIVING RISE TO THE ABOVE CAUSE				
	STATING UNDERLYING CAUSE LAST.				
	(C)				
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
5	DISEASE OR CONDITION CAUSING DEATH. Generalize	d arteriosclerosis			
4	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSYT		
5		et 252 mg	YES NO		
Colonia	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (State)				
a cap	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work				
200	22. I hereby certify that I attended the deceased from 9-19, 19 55 to 10-17-, 19 55 that I last saw the decease				
0	alive on 10-17, 1955, and that death occurred at 10:40M, from the causes and on the date stated above.				
2	SIGNATURE C. ADDRESS State Up The SIGNED				
	Stella Maetsler	D. Catonsville 28. Maryland 1	0-17-55		
5	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREWATORY COCATION City, town, or	county) (State)		
04	Durial Oct. 19 KJ Lando	y K. Pallemar	e. sud		
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS		

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	F	9426 CERTIFICATE OF DEATH Reg. Dist.	No. 30
	carefully.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED	
- James	carefull legibly.	COUNTY Balto MARYLAND STATE Md. COUNTY	
Max	cal	COUNTY BALTO MARYLAND STATE Md COUNTY CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL) are	nd give nearest town)
		52Town Catonsville (in this place) OR TOWN Baltimore	3 Y 0 1 - 11
	of information ath clearly and	90 STREET ADDRESS 1002 N. Rolling Rd. STREET ADDRESS 1002 N. Rolling Rd.	/
	in	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (D	(Year)
	m of death	DECEASED: (Type or Print) MARY E. CLARKE DEATH: Oct.	26, 19 55
		5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday F under 1 vi	
		remate will be (Specify). Widowed Sept. 13, 18/2 83 yrs.	Ays Hours Min.
70	every		CITIZEN OF WHAT
Z	7	even if retired): housewife at home Indiana 13. FATHER'S NAME:	
5	Supply te the c	13. FATHER'S NAME:	
BIL	Su	John Rhineschild - Finley	
2	K.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates	rgh 34, Penn
FO	Se IN	no of service) Mrs. M. R. Clifton-109 Parksic	de Ave.
MARGIN RESERVED FOR BINDING	ADING s: plea	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
R	DI	4431	/
E		IMMEDIATE CAUSE (A) CONTROL OF TO THE TO TH	1400.
ĕ	UNF	DISEASES OR CONDITIONS, IF ANY. (B) Hypertonsing Cardio Voscular Disease	20- (2)
7			(031.(4)
15	ITH	STATING UNDERLYING CAUSE LAST.	
R	W.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
M	- 0	TO THE DEATH BUT NOT RELATED TO THE	
	7 6	DISEASE OR CONDITION CAUSING DEATH.	
-	PLAIN Ily imp	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	YES NO NO
		21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (Counts OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	(State)
	WRI	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While at work at work at work	
	OR e is	22. I hereby certify that I attended the deceased from 8-10, 1950, to/0-26, 1955, that I last	now the deserved
60	EJ 60		
53	0.	alive on 10-26, and that death occurred at 7-757 M, from the causes and on the date s	tated above. E SIGNED
10		00/ 49/1/ 25	27.55
1	ASE	23. BURIAL, CREMATION, DATE THEREON NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or	county) (State)
15		REMOVAL (SPECIFY)	
<	回	Entombment 10/29/55 Lorraine Maus. Woodlawn, Md.	

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Supply every item of information carefully.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09414

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1	はんす	CERTIFICATE	OF DEATH

Reg. Dist. No. 30

	Item 12 Film 187 10 18 CC	Reg. Dist. No.				
ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:				
and legibly	COUNTY Baltime e MARYLAND	STATE MY S COUNTY				
leg	COUNTY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE COUNTY CITY(If outside corporate limits, write RURAL and give nearest town)				
pu	OR and give nearest town) (in this piace)	OR O O I				
	drown Catangville 35 yrs	TOWN Baltimore 3101.4				
rly	HOSPITAL OR A MINISTITUTION OR	STREET (If rural give location) ADDRESS				
lea	STREET ADDRESS Way / Love >1. Horp.	STATE OF THE PARTY				
death clearly		(Last) 4. DATE (Month) (Day) (Year)				
atl	DECEASED: (Type or Print) Releace Sunknoff	Cohen DEATH: Oct. 8 1955				
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.				
of	RACE: WIDOWED, DIVORCED,	1885 70 yrs. Months Days Hours Min.				
es	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	II. BIRTHPLACE (State or foreign country): 112. CITIZEN OF WHAT				
causes	work done during most of working life. even if retired): Howeve Le	COUNTRY?				
e C	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:				
th	10. PATHER 5 NAME: 2 -	14. MOTHER'S MAIDEN NAME:				
te	NOT Moure	not taly				
write	15. WAS DECEASED EVER IN U.S. ARMEO FORCES: 16. SOCIAL SECURITY No. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:				
	of service)	Hormatal resconds.				
please	18. MEDICAL CERTIFICAT	ION INTERVAL BETWEEN				
d	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH				
	IMMEDIATE CALISE (A) Vulniona	ar embolus 24 hrs				
ans		iosilero Fic				
ici	29 0.2	iosucistic of the				
Physicians	GIVING RISE TO THE ABOVE CAUSE DUE TO	col Catalo - Varenta di l'ase un Chair				
	STATING UNDERLYING CAUSE LAST.					
nt.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
important.	TO THE DEATH BUT NOT RELATED TO THE	denoma, Bilat. Cateract mikeum				
od	DISEASE OR CONDITION CAUSING DEATH. The Color of 19a. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION					
.E.	THE OF OPERATION. 138. MAJOR FINDINGS OF OPERATION	20, AUTOPSY7				
2		YES NO				
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While Not while	21F. HOW DID INJURY OCCUR?				
is	OF INJURY While Not while at work at work					
age	alive on Oct 8th, 1955, and that death occurred at					
ct	SIGNATURE , 19.7., and that death occurred at	M, from the causes and on the date stated above.				
correct	Sentruse 9. The shundar M.D. Sming Grove Oct. 8, 56					
CO	23. BURNAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county) (State)				
	REMOVAL (SPECIFY) 10-11-55 Weda	00 120th, ma				
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ADDRESS OA				
	REGISTRAR	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				

The state of the s

M. D. or other

Reg. Diat. No.

MARYLAND STATE DEPARTMENT OF HEALTH

9428 2411 N. Charl	ea St., Baltimore
Items 2,6 FilmG191 1-19-56 et CERTIFICAT	TE OF DEATH Reg. Dia
City or town (tf outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How rong in hospital or institution? 3. (a) FULL NAME Clara Rolley	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
5. Color or race 6.(a) Single, married, widowed, or divorced Unknown	MEDICAL CERTIFICAT
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stajed; that I at 19. 4 to 0.00 and that I last saw h. 42 Jailve on 0.00 Z. 6 Immediate use of death 0.00 According to 19. 4 to 0.0
9. Birthplace (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name	Due to Due to
Address 17. Cremation (Burial, cremation, or removal, Which?) WONDERS WANNEY Univ. of Md. Medical School Location 29 South Greene St.; Balto. 1, Md. 18. Funeral director.	Autopsy results PHYSICIAN: Please underline the cause to which death shoold is 22. VIOLENCE: If death was due to external causes, fill in the folior Accident, suicide, or homicide
Address May 8	23. SIGHATORY James Osfow
10 Nov. 10, 1955 19 Victor 6. Harry	la tora 22-0

outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION ude pregnancy within 3 months of death) underline the cause to which death shoold be charged statistically. ath was due to external causes, fill in the following (City or town) Industry, public place (where?) ...

BINDING FOR RESERVED

20

PLEASE

DE VIEW TO

RUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

94.29

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 35

Item 7. Film G187 10-19-55 et	E BIRTHING	iteg. Dist.	NO
1. PLACE OF DEATII · COUNTY	1 2. USUAL RESIDENCE	(HOME) OF DECEASED.	
JALTI MARYLAND	STATE (COUN	ITY
CITY (If outside corporate limits, write BURAL and LENGTH OF STAY	CITY (If outside corpo	rate limits, write RURAL and	give nearest town)
TOWN RESERVEN	TOWN Real	desid	75 X -3
HOSPITAL OR INSTITUTION OR ON AN R	STREET ADDRESS (7)	(If pural, give location	001
STREET ADDRESS STORY (CO.)	ADDRESS 8/6	Hambley	Blud
3. NAME OF DECEASED (First) (Middle)	(Last)	4. DATE (Month)	(Day) (Year)
_(Type or Print) Cuttle With	Deventon	DEATH Oct.	2 1955
5. SEX 6. COLOR OB RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday If un	der i year If under 24 hrs. hs Days Hours Min.
WIDOWED. DIVORCED, (Specify) Single	OCT- 12,1993	6 / yrs.	dis Days Hours Mid.
10a. USUAL OCCUPATION (Give kind of work of the done during most of working life by en if retired) INDUSTRY	II. BIRTHPLACE State	or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME	alle	1065	4.5A.
13. PALIFERS NAME	14. MOTHER'S MAIDE	N NAME	
15. WIA DECEASED EVEN IN II S ANNER FORCES VIA COUNTY NO	Manage	Jelus 1	
15. WAS DECRASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yes. Bo. prunknown) (If yes. glys war og dates of 3 2 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17. INFORMANT AND	THESS THE	1 11 , 100
18. MEDICAL CE	Wir all July.	Horne, Jecry	cell, sec.
	KITTICATION	U	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	,	ONSET AND DEATH
Immediate cause (a) Trusted s	Kull Com	parend fractor	
	. 1	1	
Antecedent cause(s) Diseases or conditions, if any, (b) allest lunc	- exture	the !	
giving rise to the above cause		A	
stating the underlying cause last			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			1 20. AUTOPSY?
			Yes No D
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR	TOWN) (COUNT	
PRIMARY FOR CONTRIBUTING OF office Ndg., etc.) CAUSE OF DEATH.	Farlet	on Belle	. Ind
TIME (Month) (Day) (Year) (Hour) INJURY/OCCURRED	HOW DID INJURY O	CCUR?	P
INJURY C. 3 1955 6 pm. White at work B	Street h	2 antowoh	6
22. I certify that I took charge of the remains described above, held an A	Interior Inquestion	I Inquiru tharan an	d from the suidones
oolainea by said Autopsy, Inspection or Inquiry, and that said dece	ased died on the day stat	ed above, and death in m	ny opinion resulted
from: natural causes , accident & suicide , homicide .	undetermined	,	
SIGNATURE (Degree or title)	ADDRESS	7	DATE SIGNED
(d. m. trance M.W.	of as letien	· hid	10/3/55
23. RURIAL CREMATION DATE THEREOF NAME OF CEMETE	BY OR CREMATORY	LOCATION (City, town, or co	unty) (State)
Decial 10-12-53 (Vloy Ma)	Peyetere	allow, Ill	RUNDIS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECT	OR 11	A ADDRESS A
10/12/53/11/rs Howard 2. Marki.	Mooks Teu	cesal Sevel, &	Jarry Mid.
1 / Tri	اد	77	

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OR WRITE PLAINLY, WITH UNFADING INK.

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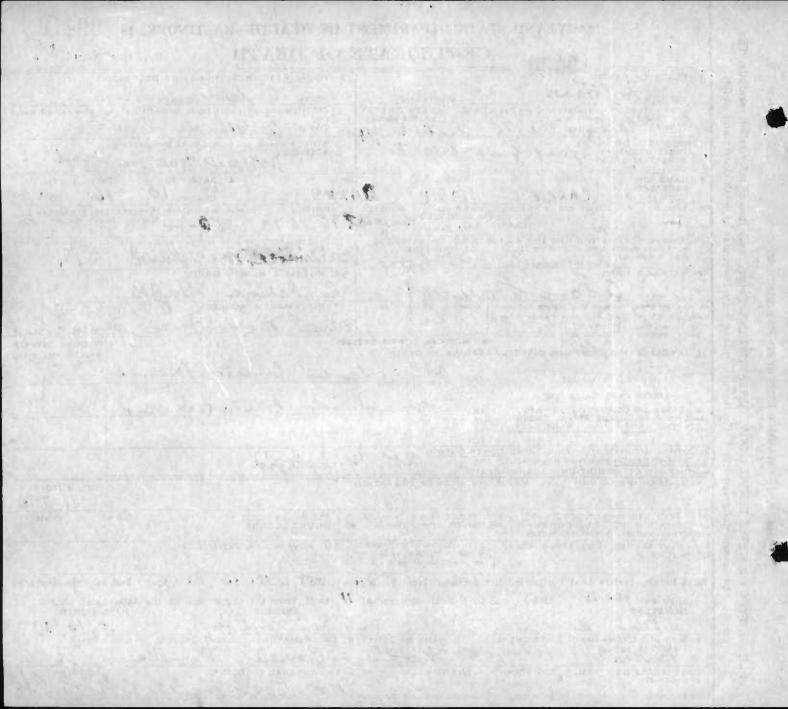
PLEASE TYPE

MARYLANI	STATE DEPARTMENT	OF	HEALTH—BALTIMORE,	18	09416
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T COM	E 1	TTIMETOO	TOTAL	77 60			
400		CERT	TFIC	ATE	OF	DEATH	

Reg.	Dist.	No. 50
neg.	Dist	MO.

	9420 CERTIFICATE	JE DEATH	Reg. Dist. No.
y.	1. PLACE OF DEATH:	USUAL RESIDENCE (HOME)	OF DECEASED:
legibly	COUNTY Bactimae MARYLAND	STATE Manyland COU	NTV A. A.
	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside Corporate limits,	write RURAL and give nearest town)
and	OR and give parent town (in this place) TOWN (constalle 28 Constall 20, 1951	TOWN PARTITION	Severna Park 02x2
clearly	HOSPITAL OR Spring from Hespital	ADDRESS OF THE ADDRES	My Joration)
	3. NAME OF (First) (Middle) (Last	, , , , , , , , , , , , , , , , , , , ,	Month (Day) (Year)
death	DECEASED: (Type or Print) CARRIE DAL	EY OF DEATH:	10 16 1957
of	70	16,1873 82,	isy if under 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. even if retired):	BIRTHPLACE (State or foreign alliments) Warry	country): 12. CITIZEN OF WHAT
the c		4. MOTHER'S MAIDEN NAME	
	adams Thouselich	Catherine Y	alle
write		7. INFORMANT & ADDRESS:	8.0. Box 299
Let'	(Yes, no, or unk.) (If Yes, give war or dates of service)	no. T. marrison	nes Severna Park
please	18. MEDICAL CERTIFICATION	0	INTERVAL BETWEEN
pl	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	λ λ	ONSET AND DEATH
203	1420.0 IMMEDIATE CAUSE (A) Alerio Ecles	otu Condiac Di	sease
lan	ANTECEDENT CAUSE (8)		I Salara Medical March
sic	DISEASES OR CONDITIONS, IF ANY, (B) GENERALLY	id Arterioscle	Adia
Physicians	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
	(c)		Chicago II I I I I I I I I I I I I I I I I I
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	· · · · · · · · · · · · · · · · · · ·	Market Barrens
oor	DISEASE OR CONDITION CAUSING DEATH.	represia	
mp	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
y			YES NO
especiall	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID (City or town INJURY OCCUR?	(County) (State)
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR	7
8e	22. I hereby certify that I attended the deceased from f. 24.	, 1955, to 10, 16 , 1980	, that I last saw the deceased
82	alive on 10. 16 , 19. 3, and that death occurred at //		
ect	SIGNATURE	ADDRESS	DATE SIGNED
correct	Kena Belher M.D.	zenjeme Harp.	10/16/85
00	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY	OR CREMATORY LOCATION	(City, town, or county) (State)
100	Burial 19/19/55 Woodlaws	1 Geneley Nor	dlawn, Md
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	PADDRESS 010
	10 1/ SI ct. W. Nary	m. book mc.	1217 10. Para 86
	Mile		



the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

TO ATTENDING PA

1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 9431

09417

Reg. Dist. No.

| 2. USUAL RESIDENCE (HOME) OF DECEASED

1	COUNTY Baltimore	MARYLAND	STATE Marylar	ad county Be	elitimese
	CITY (If outside corporate fimits, write RURAL OR end give nearest town)	LENGTH OF STAY	CITY (If outside corpo	rete limits, write RURAL end give	e neerest town)
1	X TOWN Fort Howard	(in this place) 93 Days	TOWN Baltime	re	3V01-4
	HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rurel give locat	
1		stration Hospital		reenmount Avenu	ie /
=	3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
1	(Type or Print) REUBEN	D. D	AVIS	DEATH Octob	per 26 19 55
1	5. SEX 6. COLOR OR 7. SINGLE, A	MARRIED, 8. DATE O	F BIRTH		NDER 1 YEAR IF UNDER 24 HRS.
	Male White (Specify)	Widowed 1/3	/86	69 yrs. Mont	ths Deys Hours Min.
	done during most of working life, even if	OR INDUSTRY	11. BIRTHPLACE (Stete or forei	gn country)	12. CITIZEN OF WHAT
1	retired) Roofer		Baltimore, Ma	rvland	U.S.A.
ı	13. FATHER'S NAME		14. MOTHER'S MAIDEN		
1	Dunbar T. Davis		Mary F	Forney	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & A	ADDRESS	
4	Yes, no, or unk.) (If Yes, give wer or detes of service)	Unknown	Clin.Rec.	Vet.Adm. Hosp.,	Ft. Howard, Md.
-	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	18. MEDICAL CER	TIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	331X IMMEDIATE CAUSE (A)	LEFT CEREBRAL HE	MORRHAGE		UNKNOWN
1	ANTECEDENT CAUSE(S) DUE TO				
1	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE				
1	STATING UNDERLYING CAUSE LAST.				
-	(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
7	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
-		INGS OF OPERATION			20. AUTOPSY?
					YES X NO
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE OR CONTRIBUTING 200 CAUSE OF DEATH OF INJURY ST	(Home, farm, fectory, 2 treet, office bldg., etc.)	1c. WHERE DID INJURY OCCUP	?? (City or town) ((County) (State)
1	21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)	While Not while	21f. HOW DID INJURY OCCU	R?	
-	WA. I	et work at work		3	
	22. I hereby certify that attended the	deceased from.J.uly25	, 19.55, to UC.T.(ooer26 19.55, xb	existes considerate and a second
	ANGESTOCCA DOCCOO SOCCOO SOCOO SOCCOO SOCCOO SOCCOO SOCCOO SOCCOO SOCCOO SOCCOO SOCCOO SOCCOO	Kang that death occurred at.	.9.2.3 O.P.M, from the c	auses and on the date s	stated above. DATE SIGNED
3 4	William B. VandeGrift M.D.	I NAME OF CEMETERY OR	CREMATORY	MARYTAND	10-27-55 (Stete)
2	Burfal (SPECIFY)	955 Baltimore Na			
: -	24. REC'D BY REGISTRAR REGISTRAR'S BIGNA		25. FUNERAL DIRECTOR'S	Baltimore, Mar	ADDRESS
	A + 28 1955 A	1 L Facher			
=	well, as, 1/00 oranger	B	WIII-GOOK-BILLEN	THE THE HE	arford Rd.Balto

CERTIFICATE OF DEATH

CYSCI ER Salar Bress Banks

2411 N. Charles Street, Baltlmore

9432

CERTIFICATE OF DEATH

eg. Dist. No. 38

				2108. 2201.	
1. PLACE OF DEATH COUNTY	ALTIMORE	MARYLAND	2. USUAL RESIDENCE (H	OME) OF DECEASED.	TY Both
OR give nearest	reperate limits, write RUR.	AL and LENGTH OF STAY (in) thin place)	TOWN	to Hmits, write RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRES	3 2915 Roll	bern Ave	STREET ADDRESS 2915	(H) rural, give location)	Ave
3. NAME OF DECEASED (Type or Print)	CORA	(Middie)	DEAN	4. DATE (Month) OF DEATH OCT	(Day) (Year) 1955
5. SEX	6. COLOR OR RACE	WIDOWED, Disp, (Specify)	Nov. 13, 1874	80 yrs. Month	
done daying most of	ATION (Give kind of work orking life, every if retired)	10b. Kind of Business or Industry Home	11. BIRTHPLACE (State or	AND	12. CITIZEN OF WHAT
13. FATHER'S NAM	N PRIT	cheTT	MARGA.	Ret MOTA	lerset
(Yes, no Apr usknown)	PER IN U.S. ARMED FORCES (If yes, give war or dates of service)	of		PAY 2915 Ro	KERN ALL
I. DISEASES OR CO	NDITIONS DIRECTLY	18. MEDICAL CE LEADING TO DEATH CIPEURS	Thrombos	i.	INTERVAL BETWEEN ONSET AND DEATE 2 Whs
Diseases or o	or cause(s) conditions, if any, the above cause nderlying cause last (c)	atteruseler	to cardiovos	even penel dis	is 10 yrs
Conditions contribu	CANT CONDITIONS ting to the death but not se or condition causing deat	h.			
19a. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY? Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR T	OWN) (COUNT	Y) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	OUR?	
22. I hereby certically alive on SIGNATURE	ify that I attended the	e deceased from Upral d that death occurred at (Degree or title)	ADDRESS (02) 7 Harford	causes and on the date	stated above. DATE SIGNED
23. BURIAL, CREM. RHS19VAL (Spec	ity) 10-16-	ST PARKI	NOOd COMERA	OCATION (City, town, or con	Md
REG. OF	SS REGISTRAR'S	SIGNATURE SCI >	Chas T. Evans	0000	HARTORD Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

VS. A15

De. E.J. ALessi 6211 Harford Rd

Z .V UAZZUS

5501 TT 100

DEAMSON

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Supply every item of information carefully.

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WRITE PLAINLY,

TYPE OR

PLEASE

A15

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9433 CERTIFICATE OF DEATH Reg. Dist. No.

URG, MD.

0.200	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY DORCHESTER
CITY (If outside corporate limits, write RURAL LENGTH OF STA	
OR and give nearest town) TOWN OR FORT HOWARD (in this place) 7 Hours-35	M TOWN EAST NEW MARKET 09x-2
HOSPITAL OR INSTITUTION OR JETERANS ADMINISTRATION HOSPI	STREET (If rural give location) ADDRESS
S. NAME OF (First) (Middle) DECEASED: (Type or Print) DUDLEY R.	(Last) 4. DATE (Month) (Day) (Year) OF DEMBY DEATH: OCTORED 2 1955
(Type of Trine)	DEMBY DEATH: OCTOBER 2 19 55 E OF BIRTH: 9, AGE last birthday F UNDER 1 YEAR IF UNDER 24 HRS.
MALE COLORED WIDOWED, DIVORCED, (Specify): MARRIED 10-1	8-26 28 yrs. Months Days Hours Min.
work done during most of working life. OR INDUSTRY:	Ti. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
even if retired) TRUCKMAN SELF EMPLOYED	EAST NEW MARKET MARYLAND U. S. A.
JAMES DEMBY	FRANCES FARROW
	17. INFORMANT & ADDRESS:
V- no or wek (If Yes give war or dates	
	CLIN.REC.VET.ADM.HOSP.FT.HOWARD, MARYLAND
18. MEDICAL CERTIFICA I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ATION INTERVAL BETWEEN ONSET AND DEATH
102 4	
IMMEDIATE CAUSE (A) ULLUMA, H.	IGHT LATERAL VENTRICLE UNKNOWN
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST.	
(C) I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH	ON 20. AUTOPSY?
	YEST NO
10-2-55 CRANTOTOMY - BILATERAL	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg	g., etc. INJURY OCCUR?
DE INJURY OCCURR OF INJURY M. 21E INJURY OCCURR While Not while at work at work	ED 21F. HOW DID INJURY OCCUR?
M. at work = at work	10 10, 1955, to OCT. 5245, 1955, XXX EXCENTED AND REPORTED AND REPORTE
SIGNATURE ()	at \$:45A.M, from the causes and on the date stated above. ADDRESS DATE SIGNED
WILLIAM B. VANDEGRIFT M.D.	M. D. VAH. FORT HOWARD, MARYLAND 10-3-55 ETERY OR CREMATORY LOCATION (City, town, or county) (State
20. Doite de la constant	
BURIAL OCT. 5, 1955 EAST NEW M	
DATE REC'D BY LOUL PROSTRATION OF THE PROSTRATE PROSTRATE PROSTRATE	J. J. FRAMPTON & SON, FEDERALSBURG, MD.

. . Marketin Door and the ten till BUREAU V. S. 1/2/13/2003 A STATE OF THE STAT OR WRITE PLAINLY, WITH UNFADING INK.

TYPE

PLEASE

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09420

1101	CERTIFICATE	OF	TOTATI
9434	CENTIFICATE	Ur	DEALE

	U	12	OU	0
Reg.	Dist.	No.	3	0

	0.10.1		
ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
and legibly	COUNTY Baltimore MARYLAND	STATE Md. COUNTY	Baltimore
le	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	and give nearest town)
pu	OR and give nearest town) (in this place)	OR	21/01 11
	HUNGOITH OR 7012 Program Pd	Dat crimore	2401-4
L.	HOSPITAL OR 7912 Ruxway Rd. NSTITUTION OR 7912 Ruxway Rd. STREET ADDRESSORENSON Nursing Home	STREET (If rural give location) ADDRESS 5015 Roland Ave.	/
clearly	70 STREET ADDRESSOFENSON NUTSLING NOME	5015 Roland Ave.	
			Day) (Year)
death	OECEASED: (Type or Print) SALLIE FOSTER OWENS DE	NNIS OF DEATH: Oct.	9. 19 55
		OF BIRTH: 9. AGE last birthday IF UNDER 1	YEAR IF UNDER 24 HRS.
of	female white (Specify): widowed Oct.		Days Hours Min.
es	IOM USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
causes	work done during most of working life. OR INDUSTRY:		COUNTRY?
	Housewile at nome	Penna.	
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	Harry Paul Owens	Jane Foster Owen	
write	15. WAR DECEASED EVER IN U.S. ARMED FORCES? 15. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
1.0	(Yes, no, or unk.) (If Yes, give war or dates no of service) none	MissEstelle Dennis - 100 E.	Momiment St.
ease	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	422.2		
II SS	IMMEDIATE CAUSE (A)	imia	a months
Physicians	ANTECEDENT CAUSE (8)		5
ysi	DISEASES OR CONDITIONS, IF ANY. (B) Chrome	Homerular nechnitis.	30000
Ph	STATING UNDERLYING CAUSE LAST. DUE TO		5
	(c) 27740C	anditis Chronic.	reson
an	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
important.	DISEASE OR CONDITION CAUSING DEATH.	anarec.	resear.
up	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N .	20. AUTOPSY?
-	none none.		YES NO
113	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact	tory. 21c. WHERE DID (City or town) (Cour	ity) (State)
especially	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	(Duate)
ssp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	MA ALL STREET
13	OF INJURY M. While Not while at work at work		
	22. I hereby certify that I attended the deceased from	2 1955 to O.T & 1956 that I les	t saw the deceased
age			
	alive on Oct. SM, 1955, and that death occurred at	ADDRESS DA	stated above. TE SIGNED
rrect			
6	3. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	D. 516 Cathedral St.	0-/0'/979 r county) (State)
1	REMOVAL (SPECIFY)		
1	Burial 16/11/55 Green Mou		
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	34 FUNERAL BYRECTOR	PADDRESS MA

Conversion of the contract of the production of the contract o HO SO AND HEAD IN THE HER RESIDENCE AND ADDRESS OF THE PARTY. PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of

information carefully. The

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09421

Q425 CERTIFICATE OF DEATH

Reg. Dist. No.

74.50					
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:				
COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY				
CITY (If outside corporate limits, write RURAL CONTROL (in this place) TOWN FORT HOWARD	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 3 V 0 /- 44				
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPI	STREET (If rural give location) TAL 1206 WEST FRANKLIN STREET				
	(Last) 4. DATE (Month) (Day) (Year) OCKINS OF DEATH: OCTOBER 12, 1955				
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED 7-11.	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.				
OR USUAL OCCUPATION (Give kind of work done during most of working life. even if retired) LABORER 10B. KIND OF BUSINESS OR INDUSTRY: POST OFFICE	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? BALTIMORE, MARYLAND U.S.A.				
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:				
UNKNOWN	UNKNOWN				
(Yes, no, or unk.) (If Yes, give war or dates of service) WW	17. INFORMANT & ADDRESS: CLIN.REC. VET.ADM.HOSP.FT.HOWARD,MD.				
18. MEDICAL CERTIFICAT					
ANTECEDENT CAUSE (S)	EROSIS, GENERALIZED WITH HEMI- 2 MONTHS UNKNOWN				
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE					
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY?				
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory. 21c. WHERE DID (City or town) (County) (State)				
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, or contributing Cause of Death of Injury street, office bldg., etc. 21c. Where DID (City or town) (Countributing Cause of Death of Injury occur? 21b. Time (Month) (Day) (Year) (Hour) 21e Injury occurred 21f. How DID Injury occur? While Not while 21f. How DID Injury occurred 21f. How DID Injury occurred 22f. I hereby certify that that tended the deceased from August 29, 1955, to Oct. 12., 1955, What That					
					Mine the courred at SIGNATURE
DEMOVAL (CONCINY)	ERY OR CREMATORY LOCATION (City, town, or county) (State				
BURIAL (SPECIFY) 10-12-1953 BALTIMORE					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	CHARLES G. COOPER, 512 N. CARROLTON AVE.				

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Andrea of the contract of the

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A15A	T.T.
VS.	

9389 MARYLAND STATE DEPARTMENT OF	HEALTH—RALTIMORE 18	09422 Reg. Dist.
10011 129 11111 100 10-21	TIFICATE OF DEATH	No. 4X
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY To MARYLAND	STATE Med. COUNTY Ba	16
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits write RUHAL)	d gite/hearest town)
5/ TOWN (in this place)	TOWN articles	Sardens
MOSPITAL OR INSTITUTION OR STREET ADDRESS 48/3 Ferrley Square	STREET ADDRESS 4813 Fernley	quan !
3. NAME OF DECEASED: (Type or Print) (First) (Mintie) (Mintie)	(Last) 4. DATE (Month) (Day OF DEATH (L	9 (Year) 9 19 55
5. SEX: 6. COLOR OR 7. SINGW, MARRIED, 8. DAT. WIDOWED, DIVORCED, (Specify) (Specify) (Specify)		YEAR IF UNDER 24 HRS. ays Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS O work done during most of work life, even if retired):	R 11. BIRTHPLACE (State or foreign country): 12	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Whake	14. MOTHER'S MAIDEN NAME:	0.0.2.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unix.) (If Yes, give war or dates of service)	17 INFORMANT & ADDRESS; 4813	Souna
TO MEDIA	AL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ardiae failure	INTERVAL BETWEEN ONSET AND DEATH
DUE TO	3 0 -1.	
Antecedent cause(s) Diseases or conditions, if any, (b)	bocular assess	**
giving rise to the above cause DUE TO		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes \(\subseteq No \(\subseteq \)
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ OF street, office bldg., etc CAUSE OF DEATH.	(County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while	21f. HOW DID INJURY OCCUR?	
INJURY M. work at work	hal shave held an Autonous D. Ingrestion D	Incline 57
22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes , Acci		
SIGNATURE / // / / / / / / / / / / / / / / / /	CHIEF MEDICAL EXAMINER	DATE SIGNED
The toler foles 1010 Needland	M. D. ASSISTANT MEDICAL EXAMINER	Oct 19 53
REMOVAL (Specify):	RY OR CREMATORY LOCATION (City, town, or co	ounty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1953	Amagh Hubbard &	10 JADDRESS

DECENVEL 2007 254 1995 RUREAU V. S.

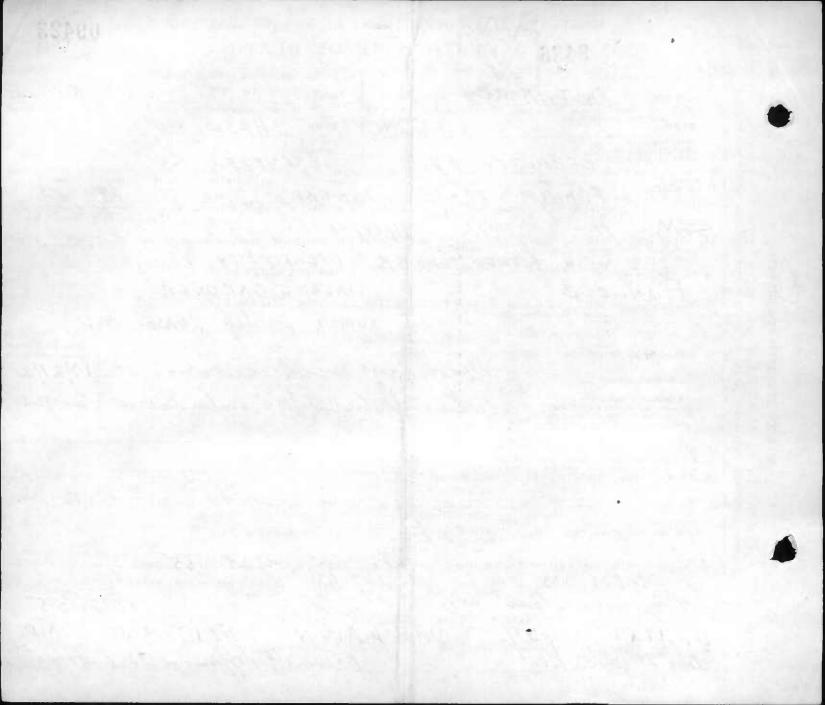
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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9436 CERTIFICATE OF DEATH

0 2 0 0	iteg. Die	210
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY BALTIMORE MARYLAND	STATE MD COL	INTY BALTIMORE
CITY (If outside corporate limits, write RURAL LENGTH OF STATE OR and give pearest town) (in this place)	CITY (If outside corporate limits, write RURAL	and give nearest town)
a la month	TOWN CHASE MD	X
HOSPITAL OR INSTITUTION OR	STREET (If rural give location ADDRESS	n) /
STREET ADDRESS EBENEZER RA	EBENEZER RO	
3. NAME OF (First) (Middle)	OF OF	ay) (Year)
(Type or Print) FICANCIS VILANE	UNLAP DEATH: 10	1955
RACE: WIDOWED DIVORCED	9. AGE last birthday: If UNOER I	Days Hours Min,
(Specify):	6/1873 79 yrs.	CITIZEN OF WHAT
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired;		COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
En lucia a	0	
15 WAS DECRASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY No.: I'	7. INFORMANT & ADDRESS:	
Yes, no, or unk.) (If Yes, give war or dates of service)		un
	MEILIA DUNLAP. CHASE 1	N.P
18. MEDICAL CERTIFICAT I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION •	Interval Between
420.1	Dulysion	Onset And Death
Immediate cause (a) DUE TO	orumer-	10/2//05
Antecedent causes (s)	to and May to divers	2 mal
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause jast	u (muio-vumuum miseuse	2-100
1. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
9a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No
EL ACCIDENT (Specify) SUICIDE HOMICIDE HOMICIDE SUICIDE HOMICIDE HOMICIDE SPECIFY OF office bidg., etc.)	et, (CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At Work		
22. I hereby certify that I attended the deceased from Oct.	,1955, to Oct 28, 1955, that I las	t saw the deceased
alive on Oct 28., 1953, and that death occurred at	7 AM., from the causes and on the date	stated above.
SIGNATURE (Degree or title)	ADDRESS	ATE SIGNED
3. BURIAL, CREMANON, DATE THEREOF NAME OF COMET	rules mg 10	128/55
REMOVAL (Specify) DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town, or	county (State)
DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE	24. FUNERAL DIPECTOR	ADDRESS
Thur 29. 1955 R.W.	Claumy 4/Hollman 3211	Studen



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PLAINLY, WITH is especially important

WRITE

PLEASE

REGAN

MARYLAND STATE DEPARTMENT OF HEALTH

9437

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

2411 N. Charles Street, Baitimore

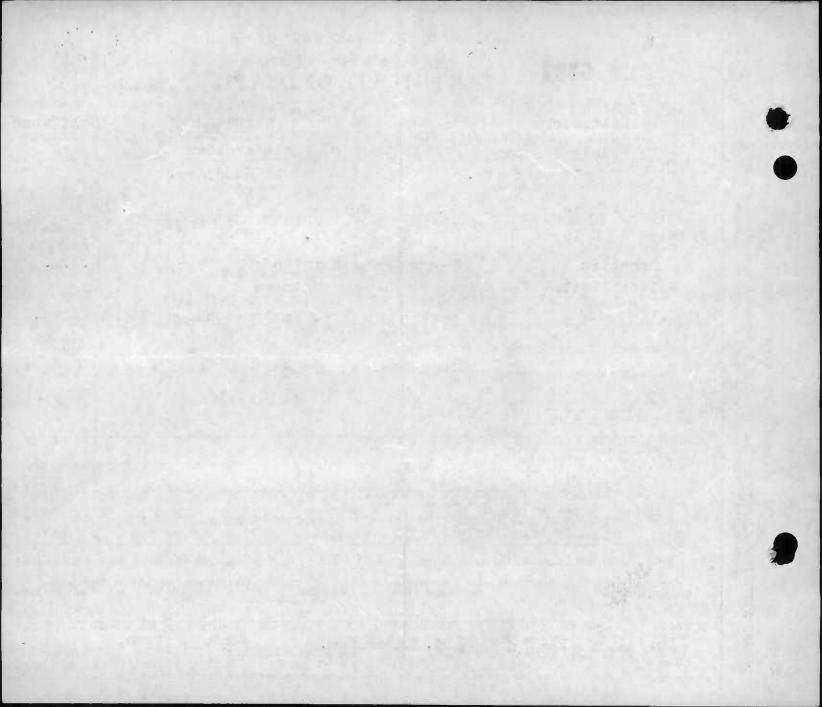
09424 Dist. No. 33

ADDRESS

rect	1
00	
T H	I. PLACE OF DEATH-

CERTIFICATE OF DEATH Reg. Dist. N 2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland timiore MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town Reisterstown (in this place) TOWN Reisterstown 30 yrs. HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) 19 Bond Ave. Bond Ave. 3. NAME OF (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED Oct. 22 (Type or Print) Fannie Dutton 19 55 DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed 10b. KIND OF BUSINESS OR 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under I year | If under 24 hrs Months | Days | Hours | Min. Female Colored Mar. 22.1875 10s. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY won home Domestic 13. FATHER'S NAME Marvla nd 14. MOTHER'S MAIDEN NAME Walter Little Unknown 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of Mrs. Janice Johnson 19 Bond Ave. none. service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Hypertensive E-V. Diesec. Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 none Yes 🖂 No I 21. ACCIDENT PLACE (Home, farm, factory, street, (Specify) (CITY OR TOWN) (STATE) SUICIDE office bldg., etc.) rous HOMICIDE INJURY INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Hour) While at Not While mane: INJURY Work At work | 22. I hereby certify that I attended the deceased from 10-28, 1950, to 16-22, 1955, that I last saw the deceased alive on 10-2/ 1958, and that death occurred at 7:30 4. m., from the causes and on the date stated above. (Degree or title) SIGNATURE Di A. Coaples 24-53 23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Reisterstown. 10-25-55 Tukes Cem Md

S. A15



09425

9438

CERTIFICATE OF DEATH

Reg. Dist. No...

	1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED				
	COUNTY Baltimore	MARYLAND	STATE Maryla	nd county	Anne Aru	ndel	
	CITY (If outside corporate limits, write RURAL LE OR end give neerest town)	CITY (If outside corporate fimits, write RURAL and give nearest town) OR					
		(in this place) 15 Days	TOWN Annapo	lis	00	2-10-2	
	HOSPITAL OR	בן בען כ	STREET	(If rurel gi		(=/0-1	
	50 STREET ADDRESS Veterans Administrati	on Hospital	ADDRESS 61 Cla	y Street			
	3. NAME OF (First) (Middle		(Lest)	4. DATE (Mor	nth) (Dey	(Year)	
	(Type or Print) TRANSCALE	IC) EBE	Ní	DEATH OC	tober 20		
	ENOCH ERIC (ERR) 5. SEX 6. COLOR OR 7. SINGLE, MARRIED,	1 8. DATE OF		9. AGE lest birthdey	IF UNDER 1 YEA	11 22	
	RACE WIDOWED, DIVORCE	D.		ro.	Months Dey		
	Male Colored (Specify) Marri						
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDU	STRY	11. BIRTHPLACE (State or forei		12. CH	DUNTRY?	
	relired) Cook Hospita	L	Gaysville, Ma		U. S). A.	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
	James Eben		Elizabeth MN	: Unknown			
		CIAL SECURITY NO.	17. INFORMANT & A	DDRESS			
9	Yes, no, or unk.) (If Yes, give wer or dales of service) Unk	nown	Clin.Rec., V	et.Adm.Hosp	oital,Ft.	Howard, Md	
		8. MEDICAL CERT	TIFICATION	A COLUMN TO THE PROPERTY OF TH		NTERVAL BETWEEN	
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					ONSET AND DEATH	
	153 X IMMEDIATE CAUSE (A) ADENOCAL	RCINOMA OF	COTON		UI	IKNOWN	
	ANTECEDENT CAUSE(S) DUE TO						
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE						
	STATING UNDERLYING CAUSE LAST. DUE TO						
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
A	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
Ż	190. DATE OF OPERATION 196. MAJOR FINDINGS OF O					20. AUTOPSY?	
	September 1,1955 Laparotomy and		res No 🔀				
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	i, fectory, 21 ildg., etc.)	Ic. WHERE DID INJURY OCCUR	? (City or town)	(County)	(State)	
1	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY While	Not while	II. HOW DID INJURY OCCUP	17			
	M. et work	et work					
	22. I hereby certify that attended the deceased	from October	5., 19.55, to.Oc.to	ber20 19.55.	CKBDXBdX,		
	ative or cooccoccoccoccoccoccoccand that						
Š	SIGNATURE 7 9 Nicken	Mil	ADDF	RESS (Street, city, tow	n, stefe)	DATE SIGNE	
00	Francis G. Dickey, M.D., Chief, Med	ical Servic	eVAH, FORT HOWA	ARD, MARYLAI	ND 10-2	21-55	
-	23. BURIAL, CREMATION, DATE THEREOF NA	ME OF CEMETERY OR	CREMATORY	LOCATION (City, town	n, or county)	(State)	
AID		nnapolis Na	tional	Annapolis	Marvlar	nd	
2	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRI	SS	
	DATE 10-22-55 141 11.00	Who have	William Reece	Funeral Ho	ma Annos	oolie Md	

Warren L. Farber

SE STOUTH STATE OF A PRINCE OF A PRINCE OF STATE MTARG TO STADING 5018 NAME OF THE PARTY OF Colourn well many Deptoyed Pro-AND THE SERVICE Laborate neithernan best operage ACLE TO THE DESCRIPTION . . . A compact of the contract of t A nyauna OCT 255 The 10 date to the Part of the State of the Control which the analysis of 190 and the same of 70 percent of the sale business attorned The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1 9439

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:				2. USUAL RI	ESIDENC	E (HOME)	OF DECE	ASED:		
COUNTY Balto	•	MARYI	AND	STATE		Md.		COUNTY	7	
CITY (If outside corpora	te limits, write I			CITY (If	outside c	orporate lir	nits, write R			st town)
52 TOWN and give nearest to	Sville	(in thi	s piace)	TOWN	Bal	timore		31	101-	4
HOSPITAL OR W.	ayne Nursi	ng Home		STREET		(lf rurai give	location)		1
90 STREET ADDRESS 9	3 Smithwood	d Ave.		ADDRESS	for	merly o	of 357	Yale Av	e.	V
DECEASED:	rst)	(Middie)		(Last)	4	. DATE	(Month)	(DRy)	(Year)	ome d
	MA	EMILY	EBE			DEATH:	OCT	30	20 4	2 1
female S. Color of RACE:		E, MARRIED, ED, DIVORCED, Single		14, 1872	9.	AGE last b	yrs. Mo	onths Days		Min.
10a. USUAL OCCUPATION.	live kind of	Ob. KIND OF BU			LACE (S	tate or for	eign country	y): 12. CIT	TIZEN OF	WHAT
work done during most of even if retired the Dr	working life,	self emplo	harr	Md.				CO	UNIKI	
IS. FATHER'S NAME:	555Margi	Serr empre	7,50	14. MOTHER'S	MAIDE	NAME:				
John C Phont				Margai	not C	holl				
John C. Ebert 15 WAS DECEASED EVER IN U.S	ARMED FORCES?	16. SOCIAL SECURIT	Y No.: 17.	INFORMANT 4						
(Yes, no, or unk.) (If Yes, giv	e war or dates of			26. II		77. 1. 5	101 11-		Anna	
no la		no 18. MEDICAL CE			enity	spert-	101: NOO	doom.ve	Ave.	
Immediate cause Antecedent causes (s Diseases or conditions, giving rise to the above stating the underlying ca	f any, (b)	0		LAr,	*35*35*6*3**6***					
	(c)				-					
11. OTHER SIGNIFICANT C Conditions contributing to related to the disease or of	the death but no									
19a. DATE OF OPERATION:	19b. MAJOR	FINDINGS OF OF	ERATION						20. AUT	OPSY ?
									Yes 🗌	No 🗆
21. ACCIDENT (Speci SUICIDE HOMICIDE	fy) PLACE OF INJUR	Home, farm, fa office bidg., etc.		(CITY OR	TOWN)		(COUNTY)	(STA	ATE)	
TIME (Month) (Day) (YOF INJURY		INJURY OCCUR!	ED While Wark	HOW DID IN	NJURY C	CCUR?				
22. I hereby certify that			MI	105	300	c7 10	5 J, that	T look on	w the de	oconed
28001+50			1	/ - 4 /	3					
alive on	19, and th	hat death occur Degree or title)	red at ././.		from t	he causes	and on th	ne date sta	ated abor	ve.
Sty h. That	1.0	1707 E	dh m	Van AVa	-	/	2283	d	300c	755
23. BURIAL, CREMATION,	DATE THEREO		F CEMETER	Y OR CREMAT	TORY	LOCATIO	N (City, to	wn, or count	-	tate)
REMOVAL (Specify) Burial	11/2/55	Mt.	livet (Cem.			Balto.	. Md.		
DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S	SIGNATURE	-6	4. VUNERAL	DIRECT	Russ	y laur	- Bath	DDRESS	Ma.
14/07/155	1/10/11/	1-10166	286	1/1/11	1/10	room	· Mun	- me	V	

VS. A15

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A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

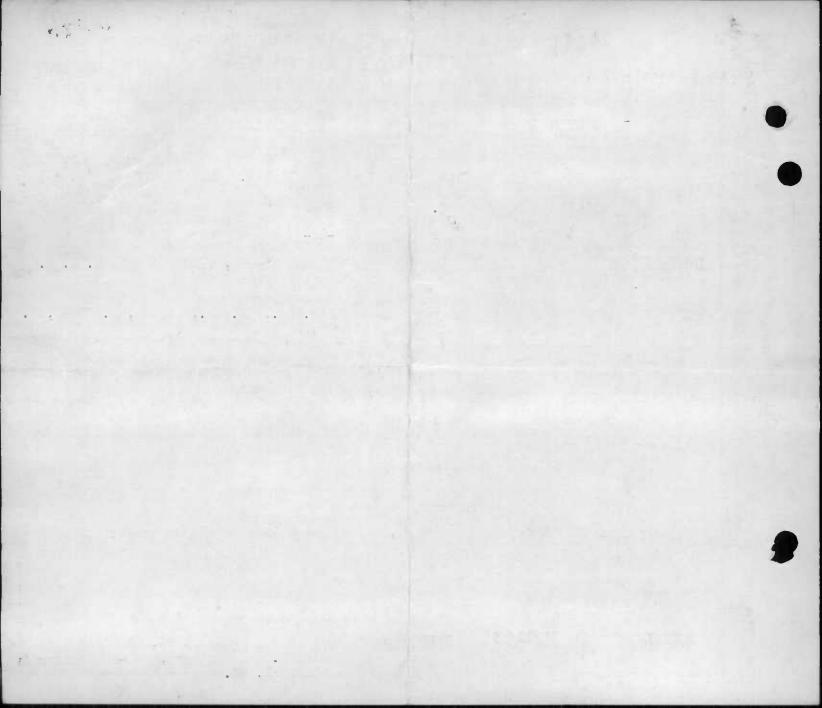
CERTIFICATE OF DEATH

Item 21 Film G 188 11-9-55 ams FOR ACCOUNT

The correct age

Item L. Film	G188 10-31-55 e	et FOR MEDICAL	LEAMMINERS	Reg. Dist.	No
I. PLACE OF DEAT COUNTY		MARYLAND	2. USUAL RESIDENCE (F STATE MARYLANI	COUN	TY
X TOWN give nearest	orporate limits, write RUR.	AL and LENGTH OF STAY (In this place)	TOWN BALTIMOR		give nearest town)
50 INSTITUTION OF STREET ADDRE	r ss veterans admo	NISTRATION HOSPIT	AL ADDRESS 101 N.		7:35 AM.
3. NAME OF DECEASED (Type or Print)	(First) WILLIAM	(Middle) E •	(Last) EPPS	4. DATE (Month) OF DEATHOCTOBER	(Day) (Year) Y9 18, 1955
5. SEX MALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWEDS THUSECED, (Specify) STAGLE	9-22-95	9. AGE last birthday If und 60 yrs. Mont	hs Days Hours Min.
done during most of the LONGSHOREMA	ATION (Give kind of work working life, even if retired)	10b. Kinn or Businmss on Industry	FREDERICKSBURG	G. VIRGINIA	12. CITIZEN OF WHAT COUNTRY?
SAMUEL E. E	PPS		EMILY JACKSON		
15. WAS DECRASED E	VER IN U.S. ARMED FORCES (II yes, given arror dates dervice)	Unknown		ADM.HOSPITAL, FT	.HOWARD, MD.
903,5 Immediat Antecede Disease or giving rise t	e cause nf cause(s) conditions, if any, o the above cause inderlying cause last	IS. MEDICAL CE LEADING TO DEATH CRUSHING INJURY, C		CORD	INTERVAL BETWEEN ONSET AND DEATH 6 DAYS
Conditions contrib- related to the dises	ICANT CONDITIONS uting to the death but not use or condition causing deat			`	
		FINDINGS OF OPERATION			Yes No 🗆
21. EXTERNAL CA PRIMARY ☐ OR CO CAUSE OF DEAT	ONTRIBUTING D OF INJU	CE (Home, farm, factory, street, office bldg etc.) tof hom			ΓΥ) (STATE)
TIME (Month) OF INJURY 10-1	(Day) (Year) (Hour)	INJURY OCCURRED While at Not while work at work	How DID INJURY OF Blacked out an	d fell on street	5/C
obtained by sate from: natura SIGNATURE 23. BURIAL, CREM REMOVAL (Spread BURIAL) DATE KEED BY	Autopsy, Inspection of causes accident to the latest accident to the	5 BALTIMORE NA	nased died on the day state undetermined ADDRESS RY OR CREMATORY TTONAT	ed above, and death in m	DATE SIGNED Ounty) (State)
REG - To	Intow.	Hodnel	Baltimore 1. W	a	A Madison Ave

Dark



Supply every item of information carefully. The

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

A15

VS.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

9511	Reg. Di	st. No. /, .,
1. PLACE OF PEATED	2. USUAL RESIDENCE (HOME) OF DECEAS	ED:
COUNTY Turner Station MARYLAND	STATE Maryland COUNTY Turi	er Station
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Turner Station LENGTH OF ST. (in this place) 9 yes.	AY CITY(If outside corporate limits, write RURAL	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 710 Avendale Read	STREET (If rural give location 710 Avondale Rd.	n) /
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) Jeseph William	Everett DEATH: 10	22 19 55
RACE: WIDOWED, DIVORCED.	TE OF BIRTH: 9. AGE last birthday FUNDER Months 9 yrs.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired):	Gastonia, North Carolina	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
James M. Everett	Bertha Truitt	
(Yes, no, or unk.) (If Yes, give war or dates of service) 16. Social Security No.		ondale Rd.
18. MEDICAL CERTIFIC	CATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	11	ONSET AND DEATH
IMMEDIATE CAUSE (A) Makey	dishim + memal	wh!
ANTECEDENT CAUSE (S)	7 1.1	10 /
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	Gulme	3 Na Ver
STATING UNDERLYING CAUSE LAST.	V. human	15 y1.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH	101	
Tax. Date of OPERATION.	TON	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office block (IF EITHER, NOTIFY MEDICAL EXAMINER)	factory. 21c. WHERE DID (City or town) (Coude, etc. INJURY OCCUR?	inty) (State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURF While While at work at work	RED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12. alive on SIGNATURE REPORT AND ADMINISTRATION OF THE STATE OF TH	at 7:30 NM, from the causes and on the dat	
REMOVAL (SPECIFY)	emerial Park Murkirk, Mary	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 5-1955 William M. Kell	Charles R. Law 802-04 Mag	ADDRESS

TO MANAGEMENT TO A TAKE THE PROPERTY OF THE PR meritate record actions the first in the first and the second the first and the second second the first and the second se BUREAU Y. & BE OF BENEVALUE Barah alter commend A Principal Control of the Control o A colonia.

causes

MARYLAND STATE DEPARTMENT OF HEALTH

9442

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

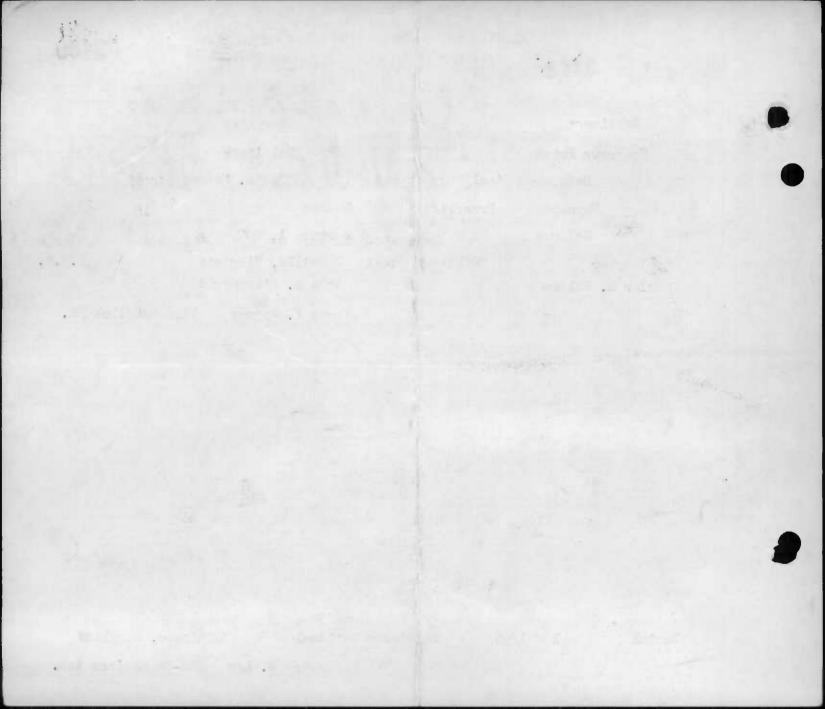
Reg. Dist. No. 1. PLACE OF DEATII-2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY COUNTY STATE Baltimere Marvland MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and Sparrews Point (in this place) Baltimore TOWN TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS Bethlehem Steel Corporation STREET ADDRESS Monroe Street (Middle) 4. DATE (Month) (Day) (Year) 3. NAME OF (First) (Last) DECEASED 27 Ernseliff Falden Maynard DEATH (Type or Print) 10 If under I year | If under 24 hrs. Months | Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday 7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify) Separates Colored January 1.1897 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OF Country A. done during most of working life, even if retired) Bethlehem Steel Danville, Virginia Anna L. Fitzgerald 13. FATHER'S NAME Charles H. Falden 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) | (If yes, give war or dates of Verba F. Dersey 1516 McCulloh St. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH O Celusin Antecedent cause(s) Diseases or conditione, if any, glving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) office bldg., etc.) INJURY TIME (Month) (Day) (Year) HOW DID INJURY OCCUR? (Hour) INJURY OCCURRED While at Not while INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy [], Inspection Inquiry Thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stated above, and death in my opinion resulted from: natural causes [accident], suicide], homicide], undetermined . ADDRESS DATE SIGNED SIGNATURE (Degree or title) DATE THEREOF BURIAL, CREMATION OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) Baltimore National Baltimore. Maryland DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REG.

Charles R. Law

802-04 Madison Ave.



[2]



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MAKYLAND	STATE DEPARTMENT O	F HEALTH—BALTIMORE,	18	094	J
9443	CERTIFICATE O	F DEATH Reg.	Dist.	No.	6

V X X V	10 10 10 10 10 10 10 10 10 10 10 10 10 1				
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:				
COUNTY Balto. MARYLAND	STATE Md. COUNTY BOOK				
CITY (If outside corporate fimits, write RURAL OR and give nearest town) TOWN CITY (If outside corporate fimits, write RURAL (in this place)					
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sorenson Home	STREET (If rural give location) ADDRESS 2102 South Rd.				
3. NAME OF (First) (Middle) DECEASED: (Type or Print) HELEN S. FERT.	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: Oct. 8, 19 55				
female 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, Specify): married June	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.				
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife at Home	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? California				
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:				
Albert Leech	Janet Rierson				
is. Was Deceased Ever in U.S. Armed Forces: (Yes, no, or unk.) (If Yes, give war or dates of service) 18. Social Security ND.	17. INFORMANT & ADDRESS: Mr. Kenneth W. Fertig - 2102 South Rd.				
18. MEDICAL CERTIFICA					
STATING UNDERLYING CAUSE LAST.	Hemorrhage about 2 hours				
	n of all bodily functions				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hyperten	sive Cardio-vascular Disease about 15 years				
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	DN 20. AUTOPSY?				
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg.)	ctory, 21c. WHERE DID (City or town) (County) (State)				
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	D 21F. HOW DID INJURY OCCUR?				
	18, 1955, to OCt. 8, , 1955, that I last saw the deceased				
SIGNATURE / 6 / 10	A.M., from the causes and on the date stated above. ADDRESS DATE SIGNED M.D. 516 Cathedral St. Oct. 8, 1955				
	BERY OR CREMATORY LOCATION (City, town, or county) (State				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS MA				



\$\$61 8 12



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

is especially important. Physicians:

correct age

Supply every item of information carefully. The of death clearly and legibly.

please write the causes

VS. A15-

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 (1942)

	101 11111111111111111111111111111111111
9390 CERTIFICATE	E OF DEATH Reg. Dist. No. 42
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Gatterne MARYLAND	STATE Md. COUNTY BUT
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
TOWN (in this place)	TOWN Halethope 51
HOSPITAL OR INSTITUTION OR STREET ADDRESS Claddock Home	STREET (If rural give Leation)
(Type or Print) Chally Connett	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: Of 1955
Male Califed Specialist Cula	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
Work done during most of working life. even if prefered:	Sattemore, Mar. 12. CITIZEN OF WHAT COUNTRY?
Caletaid B. Links	14. MOTHER'S MAIDEN NAME:
18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	TI INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	hus emily Vill are
18. MEDICAL CERTIFICATI	ION INTERVAL BETWEEN
3 3 4 X	ONSET AND DEATH
IMMEDIATE CAUSE (A) DUE TO	ruger 1
ANTECEDENT CAUSE: (8) DISEASES OR CONDITIONS, IF ANY, (B)	rele, + General weakness
STATING UNDERLYING CAUSE LAST. OUE TO COMPANY TO THE ABOVE CAUSE COMPANY TO THE ABOVE CAUSE LAST.	tiners
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	AUTOSKA
)	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor Contributing Cause of Death (IF Either, Notify medical examiner)	ory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
21p. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY While M. While at work at work	
22. I hereby certify that I attended the deceased from	1, 1954 to De 1, 185 that I last saw the deceased
alive on 77/21953, and that death occurred at	3
SIGNATURE AND	DATE SIGNED CALL
	0. KH 24212 WHINGTER 17 11/
23. BURIAL, CREMATION, VAIL THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, of county) (State)
Durial Vot. 12.1908 Mr.	Cubilly Saldinine, Mr.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. WHER CHECTOR Tune a ADDRESS TOTAL

Feminical of the way will have Hyperture 01-13 of 10-8 05

2411 N. Charles Street, Baltimore

9444

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	(Children) Oll limes
OR give nearest term of 19 mg (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR V	ADDRESS 820 JSX-ret
3. NAME OF (First) (Middle)	. (Last) 4. DATE (Month) (Day) (Year)
(Type or Print)	MANY DEATH () CLASS TOWN 195.
5. SEX 6. COLOR OR RACE 7. STORED, WIDOWED BY ROLD, (Specify)	8. DATE OF BERTH 9. AGE last birtbday If under I year II inder 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND BUSINESS OF	11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
	Inginia COUNTY S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	Manute White
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONERT AND DEATE
490 kmediate cause (a) Lobar Inc.	money monder 3 20 50
Antecedent cause(s) Diseases or conditions, if any, (b)	
giving rise to the above cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	ons
related to the disease or condition causing death.	20. AUTOPSY?
TOWN DATE OF OFEMALION 1885 MANAGEMENTS OF OFEMALION	Yes No. No.
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bids., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE / INJURY	
OF (Month) (Day) (Year) (Hour) INJURY OCCURRED While a Not While	HOW DID INJURY OCCUR?
INJURY h. Work At work	
22. I hereby certify that I attended the deceased from Oct.	1955, to Con 7, 1955, that I last saw the deceased
alive on Othly 74, 1951, and that death occurred at	5:30 C.m. from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
J. J. Shomas 10.7- 107	n. man & Pathme 22 no 17/55
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE. BEMOVAD (Specify) 10-11-55 Mf. Ca	RY OR CREMATORY LOCATION (City, town, or county) (State)
BUYIA BOOK PROCESSION THE	IVary AA. (12. Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	21 PHYPRIA DIRECTOR
(October 8 1965 K.W	Charles R. Law 802 Madison Ave

2 14 THIRSSOFI

9445	CERTIFICATI	E OF DEATH Reg. D	ist. No.
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEA	SED:
COUNTY BALTIMORE	MARYLAND	STATE MARYLAND COUNTY	
CITY (If outside corporate limits, write			L and give nearest town
OR and give nearest town) TOWN FORT HOWARD	20 DAYS	TOWN BALTIMORE	3401.4
HOSPITAL OR INSTITUTION OR STREET ADDRESSETERANS ADMI	NISTRATION HOSPITA	AL STREET (If rural give location of the street of the str	
3. NAME OF (First) DECEASED:	(Middle)	(Last) 4. DATE (Month) OF OCTOBER	(Day) (Year).
(Type or Print) WILLLAM	(212000)	DEATH:	19
MALE COLORED (Specif	y): SINGLE 7/12/		Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	OB. KIND OF BUSINESS OR INDUSTRY: STEEL CO.	BLACKSTOCK, S. CAROLINA	COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME: ROSE BLACKMORE	
ALEX FISHER		17. INFORMANT & ADDRESS:	
(Yes, no or unk.) (If Yes, give war or dates of service) WW II	Unknown	CLIN.REC.VET.ADM.HOSP.,FT.HON	WARD, MD.
I DISEASES OR CONDITIONS DIRECTL	18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
705.4		TURE MOOTO	UNKNOWN
IMMEDIATE CAUSE	(A) LUPUS ERYTI	HEMATUS IS	OMMONIA
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO		
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T	O THE		
DISEASE OR CONDITION CAUSING 19a. DATE OF OPERATION: 19b. MAJO	OR FINDINGS OF OPERATIO	DN	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE (Home, farm, fac OF INJURY street, office bldg.		ounty) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E INJURY OCCURRE While Not while at work at work	D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that A attended	the deceased from SEP	1.26, 1955, to OCT. 16, 1955, XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
SIGNATURE JUNE OF THE	and that death occurred as	tlioo M, from the causes and on the da	te stated above.
WILLIAM B. VANDEGRIFT,			
	REOF NAME OF CEME	TERY OR CREMATORY LOCATION (City, town	
23. BURIAL, CREMATION, DATE THEF REMOVAL (SPECIFY) 10/20/	I por gar	TERY OR CREMATORY LOCATION (City, town	

Naple. TO LET OUT A PROPERTY OF THE P 31049 -1.578

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10506 9446 CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL) LENGTH OF S	STAY CITY(If outside corporate limits, write RURAL a	and give nearest town
5 Town and give pearest town 6yr5mosod	ays Town Baltimore	3 VO1-4
HOSPITAL OR INSTITUTION OR STREET ADDRESSpring Grove State Hospital	STREET (If rural give location) ADDRESS 2018 W. North Avenue	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Margaret F1	(Last) 4. DATE (Month) (OF OCTOBER DEATH: OCTOBER	Day) (Year) 31, 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	2-28-1871 9. AGE last birthday 17 UNDER 1	YEAR IF UNDER 24 HRS.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper		CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John Flanigan	Catherine McGlennon	
18. WAS DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY N	No. 17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) Unknown	Records Spring Grove State Ho	spital
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HARDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		Years
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPER	PATION	
133. BALE OF GLENATION. 133. MASSIN FINDINGS OF GLENA	Allon	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office (IF EITHER, NOTIFY MEDICAL EXAMINER)	m, factory, bldg., etc. 21c. WHERE DID (City or town) (Coun	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCU While Work at work	JRRED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from ? alive on 10-31-, 1955, and that death occurre SIGNATURE SELLA Washeler		stated above.
REMOVAL (SPECIFY) REMOVAL NOU 3-65 USEM NU	EDICAL SCHOOL 29 S. GRE	EN ST
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

The state of the s

BUREAU V. S.

SSGT 8 AON

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	MARYLAND STATE DEPARTMEN CERTIFICATI	OH DHAMH	09435
	Items 3 13: +1/10 6:67 10/12/55 N	E OF DEATH Reg. Dist.	No.
te the causes of death clearly and legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
legibly.	COUNTY Baltimore MARYLAND	STATE Maryland COUNTY	
	CITY (If outside corporate limits, write RURAL Corporate limits, write RURAL (in this place) 52TOWN Catonsville 21 days	CITY(If outside corporate limits, write RURAL at OR TOWN Baltimore	nd give nearest town)
	HOSPITAL OR INSTITUTION OR STREET ADDRESSPING Grove State Hospital	STREET (If rural give location) Cathedral and Madison	Sts.
		rannie Trainie 4. DATE (Month) (I	7, (Year)
	Male White Specify: Divorced 8-8	-1702 53 yrs.	ays Hours Min.
	IOA. USUAL OCCUPATION (Give kind of the work done during most of working life. OR INDUSTRY: Time Ke goed: Suilding Construction 13. FATHER'S NAME: Baltimore Contractor	11. BIRTHPLACE (State or foreign country): 12. Mariland	COUNTRY?
	13. FATHER'S NAME: BALTIMOTE CONTractor	S 14. MOTHER'S MAIDEN NAME:	
	Frank rannie paince	Margaret Schneider	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Unknown Unknown	Records Spring Grove State Ho	spital
	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (A) Cerebrova	scular accident	Dis
	ANTECEDENT CAUSE (S)		
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cerebral OUE TO	erteriosclemsis	
	(c) Generaliz	ed arteriosclerosis	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
7	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY7
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)
	OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from 9-13-	, 1955, to 10-7- , 1955, that I last	saw the deceased
	alive on 10-7-, 1955, and that death occurred at SIGNATURE	4:25PM, from the causes and on the date s ADDRESS Spring Grove State Hospita	stated above. E SIGNED
	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI REMOVAL (SPECIFY) 10/10/55 Holy Rede	ERY OR CREMATURE 200c ATRIA LAND down, or	county) (State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	H. Mears & Son 805).	Calvert St.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIM	IORE, 18 ()9436
9448 CERTIFICATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: COUNTY BULLIMONE MARYLAND STATE TRANSLED COU	OF DECEASED:
STOWN Clorofell Sila Feb 24 1955 TOWN Balt mol	write RURAL and give nearest town)
HOSPITAL OR HISTITUTION OR SOMY GIVE State Harpital ADDRESS 2628 Par	K Heyloto Tenace
DECEASED: (Type or Print) BERTHA - GARFINKEL OF DEATH	
Truste White (Specify): Harried 1905 50	day F UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
even if retired): placeserife bun some VTA Gatter	country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Abrams 14. MOTHER'S MAIDEN NAME:	
(Yes, no, or unk.) (If Yes, give war or dates of service) 18. Social Security No. 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service)	C-2628 Park Heights
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
260 XIMMEDIATE CAUSE (A) Jakelto DUE TO	
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Brain Squalton	•
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. 21c. WHERE DID (City or tot OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	wn) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 21F. HOW DID INJURY OCCUR	7
22. I hereby certify that I attended the deceased from June 95%, 1955, to 11, 1955, all alive on 10, 16, 1955, and that death occurred at 8.25p M, from the causes and ADDRESS HERE Bethe	on the date stated above. DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF REMATOR LOCATION	(City town, or county) (State)
DECICEDAD () () () () () () () () () (100 1194-2126m

every item of information carefully. causes of death clearly and legibly. MARGIN RESERVED FOR BINDING Supply please write the INK. UNFADING Physicians: WITH important. PLAINLY, correct age is especially WRITE TYPE OR PLEASE

2012

The



A15-10-53 VS. TALL TO SERVICE OF THE PROPERTY OF THE PROPERT

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09437

9449	CERTIFICATI	E OF DEATH Reg. Dis	st. No. 4 4
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEAS	ED:
COUNTY BALTIMORE	MARYLAND	STATE MARYLAND COUNTY	
CITY (If outside corporate limits, write I			and give nearest town
OR and give nearest town) TOWN FORT HOWARD	1 DAY	TOWN BALTIMORE	3 va 1 - 4
HOSPITAL OR INSTITUTION OR		STREET (If rural give location	n)
SOSTREET ADDRESTERANS ADMIN	ISTRATION HOSPITA	ADDRESS 305 S. ROBINSON STREE	r
3. NAME OF (First)	(Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) THOMAS	A. GARI	NER SR. OF DEATH: OCTOBER	4 1955
5. SEX: 6. COLOR OR 7. SINGLE	MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER	
MALE WHITE (Specify)	MARRIED 1/26/	79 76 yrs. Months	Days Hours Mln.
10A. USUAL OCCUPATION (Give kind of work done during most of working life,	OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12	COUNTRY?
even if retirePOLICEMAN -Ret. C	ity Police	DANVILLE, VIRGINIA	U. S. A.
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
ARCHER GARNER		ELIZABETH YANCY	
15. WAR DECEASED EVER IN U.S. ARMED FORCEST	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) SAW	214-26-7256	CLIN.REC., VET.ADM.HOSP., FT.H	OWARD, MD.
	18. MEDICAL CERTIFICAT		INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH		ONSET AND DEATH
451X	DISCROMING	ADDOMINAT AMERICAN	TIMENOUS
MMEDIATE CAUSE	DUE TO	ABDOMINAL ANEURYSM	UNKNOWN
ANTECEDENT CAUSE (S)	ARTERIOSCLE	ROSIS	UNKNOWN
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(B)		
STATING UNDERLYING CAUSE LAST.			
II CTHER SIGNIFICANT CONDITIONS CO	(C)		
TO THE DEATH BUT NOT RELATED TO	THE CARCTAIONA	PROSTATE	2 L voc
DISEASE OR CONDITION CAUSING D	FINDINGS OF OPERATION		3 - 4 YRS.
MAJOR	FINDINGS OF OPERATION	N	20. AUTOPSY?
	(1)		
21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	B. PLACE (Home, farm, fac FINJURY street, office bldg.,		nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	While Not while at work at work	21F. HOW DID INJURY OCCUR?	
VA M.		2	
22. I hereby certify that attended th	e deceased from OUT.	3 , 1955, to OCT 4 , 1955, XXXXXX	etylaphy topyclegelege
SIGNATURE	that death occurred at	12:30PM, from the causes and on the date	stated above.
FRANCIS G. DICKEY, Charles	dical Gervice M	. D. VAH. FORT HOWARD. MARYLAND	10-4-55
23. BURIAL, CREMATION - DATE THERE	DE NAME VOR CEMET	ERY OR CREMATORY LOCATION (City, town,	
BURIAL 10-7-	OAK LAWN CE	METERY BALTIMORE, MAR	YLAND
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE V	24. FUNERAL DIRECTOR	ADDRESS
1872-55 PAL	Hell 200 males	ULLRICH FUNERAL HOMES, 4210 1	SELAIR ROAD
AND AND ADDRESS OF THE PARTY OF		WIT &	

.20Fd - F Telesconding to the state of th tot with the transfer of the control of the control

	corre	
VS. A15A - 5 - 53 MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correcase is especially important. Physicians: please write the causes of death clearly and legibly.	
VS		

MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH No.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Balto. MARYLAN	D STATE WIND COUNTY PLANTS.
OR and give nearest town) TOWN CITY (If outside corporate fimits, write RURAL (in this p	Jace) OR Total Alexander
HOSPITAL OR INSTITUTION OR 0473 #7 Eld Court Red.	STREET (If rural, give location) 85 X - 3
3. NAME OF (First) (Middle) DECEASED: (Type or Print) 5'USAN. REBECTA.	GODLOVE DEATH Of 16 1955
	8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HR
work done during most of work life, even if retlred): Handwife Own	NESS OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WILA COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
8 scar White	marg. murray.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	Just Treated Soil man I do
	MEDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL RETWEE
422.2	myocardities 10 grs
Immediate cause (a) DUE TO	
Antecedent cause(s)	Chaleocystitist Lithinsis 3 yrs.
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO	
stating underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	arthritis 10-15 y
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERA	TION: 20. AUTOPSY?
noul. noul.	Yes 🗌 No 🔀
PRIMARY Or CONTRIBUTING OF Street, office be CAUSE OF DEATH.	ldg., etc.,
INJURY Ment. M. work at	while Zune.
22. I hereby certify that I took charge of the remains	described above, held an Autopsy [], Inspection [], Inquiry [], an
	Accident [], Suicide [], Homicide [], Undetermined cause [
SIGNATURE D. B. Caples	M. D. ASSISTANT MEDICAL EXAMINER 10-16-55
	EMETERY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify): Oct 19, 1955 WAR JENEL	NesT VIRGINIA
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	O 24. FUNERAL DIRECTOR ADDRESS
1017.16/95 Nacota a level	STOVER STRANSBURG VA

BUREAU V. S.

00T 84 1955

9451	DEDADOMENO	0.17	HEALTH—BALTIMORE,	10
MARYLAND STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18

09439 H No. 38

MEDICAL **EXAMINER'S** CERTIFICATE OF DEATH

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Baltimore		
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Riderwood LENGTH OF STAY (in this place)	ClTY (If outside corporate limits write RURAL and		
INSPITAL OR INSTITUTION OR STREET ADDRESS Sorenson Nursing Home	STREET (If rural, give location) ADDRESS 1521 E. 28th Street		
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day)	(Year)	
	OLDRICK DEATH 10 19	1955	
RACE: WIDOWED, DIVORCED,	e 27, 1875 9. AGE last birthday: IF UNDER I YI		
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS O work done during most of work life, even if retired): Ret. Loan Office	Baltimore, Maryland	CITIZEN OF WILAT COUNTRY? USA	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
15. WAS DECEASED EYER IN U.S. ARMED FORCES ? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Mrs. Wm. Mc Callister, 1521 E. 28t	th Street	
Immediate cause (a) Arteriosclerotic DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	cardiovascular disease		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?	
21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory PRIMARY or CONTRIBUTING OF street, office bidg., etc CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while work at work	21c. (City or town) (County) 21f. HOW DID INJURY OCCUR?	Yes No-E	
22. I hereby certify that I took charge of the remains descrifted that death resulted from: Natural causes K, Accisionature	dent [], Suicide [], Homicide [], Undetermined Examiner DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. RY OR CREMATORY LOCATION (City, town, or county)	mined cause DATE SIGNED 10/19/55 Inty) (State)	
John John	Judicate of truck, 7507 Harrold	77	

9378 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09440 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:	89-66 199 8-910	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Baltimore	MARYLAND	STATE Maryland COUNTY BALT	.0.
CITY (If outside corporate limits, write R		CITY (If outside corporate limits write RURAL and	
OR and give nearest town) 5 TOWN DUNDALK 22	(In this place)	TOWN Baltimore DUNDALK	22 53
	. West of North	STREET (If rural, give location)	
INSTITUTION OR Point Road	, iobo or nor on	ADDRESS 7358 Manchester Road	
3. NAME OF (First) DECEASED:	(Middle)	(Last) 4. DATE (Month) (Day	y) (Year)
(Type or Print) Irvin		GONSCHOR DEATH October 1	
RACE: WIL	DOWED, DIVORCED,	9. AGE last birthday: IF UNDER 1 Months D	YEAR IF UNDER 24 HRS.
		5677.7920 33 yrs.	-1
10a. USUAL OCCUPATION (Give kind of work done during most of work life,	10b. KIND OF BUSINESS OF	R IN BIRTHPLACE (State or foreign country): 12	COUNTRY?
even if retired): CHECKER	STEEL MEGR	Ma.	U.S.A.
13. FATHER'S NAME:	THE LAND THE STATE OF THE STATE	14. MOTHER'S MAIDEN NAME:	COLUMN DES
JOHN GONSHO	R 21	FELICIA BURAZZIN.	SKI
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no. or unk.) (If Yes, give war or dates of	f 16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:	
//o service)	214-16-9684	FELICIA GONSHOR - SHME	ADDRESS
A DISPLANCE OF COMPLETIONS DISPLANT		AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH:		ONSET AND DEATH
Immediate cause (a)	Hemoperitoneum se	condary to	
ĐUE TO	Ruptured Spleen		
Antecedent cause(s) Diseases or conditions, if any, (b)			
giving rise to the above cause DUE TO			
stating underlying cause last (c)			MALE STATE OF
IL OTHER SIGNIFICANT CONDITIONS CO			
TO THE DEATH BUT NOT RELATEDISEASE OR CONDITION CAUSING D			
19a. DATE OF OPERATION: 19b. MAJOR	FINDING OF OPERATION:		20. AUTOPSY?
			Yes 🖾 No 🗆
PRIMARY Or CONTRIBUTING	OF street, office bldg., etc.		(State)
CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour)	INJURY Street	Baltimore	Maryland
OF INJURY 10/14/55 2:35 AM.	While at Not while	Speeding auto - cut of control	3/8
		bed above, held an Autopsy [2], Inspection [
		dent M, Suicide , Homicide , Undete	
SIGNATURE	0	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
and m		M. D. ASSISTANT MEDICAL EXAM.	10/14/55
23. BURIAL, CREMATION, DATE THE	REOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or e	ounty) (State)
		DRT OF MARY BALTO. CO., ,	nd.
DATE REC'D BY LOCAL REGISTRAR'	SSIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6ditt	w surley a	XNHU Buff / hadley, News	ru M

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CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY BALTO, MARYLAND	STATE My A COUNTY BALTO!	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If oulside corporate limits, write RURAL and give nearest town)	
OR end give neers town) TOWN ONDER LA 72 OR (in this place) 122 123 131	OR THE	
HOSPITAL OR	STREET (If rural give location)	
INSTITUTION OR STREET ADDRESS 122 Martin	ADDRESS 12 1/2 1 TOTAL GIVE ROCAHON)	
1) veniner jeune	133 VENTIVOK HELKACE	
3. NAME OF (First) (Middle)	(Lasi) 4. DATE (Month) (Day) (Yaar)	
(Type or Print) PRANKLIN HARBISON C	TRAMMER DEATH 10-28- 1933	
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE O	AMP.	
XIV NHITE (Specify) DIVORCED BCT.	17, 129/ 67 yrs. Months Deys Hours Min.	
10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT	
done during most of working life, even if refired) LIREMAN STEEL PLANT	COUNTRY?	
13. FATHER'S NAME	14. MOTHER'S MAIDEN, NAME	
CEO. W. GRAMMER	ANNIE E FRRERT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, pp., by unk.) (If Yas, give wer or datas of sarvice)	- IlEin Appenit sin =	
100 - 1076 5/13	MANUE OHI - HIME	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH	
162x IMMEDIATE CAUSE (A) SRONCHOGEN	ic (A / URac	
ANTECEDENT CAUSE(S) DUE TO		
DISEASES OR CONDITIONS. IF ANY. (B)		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory, 2	YES NO YES NO (State)	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	ic. White Did Roder Occors (City of Iown) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
M. at work et work		
22. I hereby certify that I attended the deceased from /1 - 2 </th <th>1055 110-28 1055</th>	1055 110-28 1055	
22. I nereby certify that I allefted the deceased from:	19 to	
alive on 19 and that death occurred at		
1 1000000000000000000000000000000000000	ADDRESS (Sheet, city, Jown, stete) DATE SIGNED	
23, BURIAL, CREMATION, DATE THEREOF I NAME OF CEMETERY OR	The state of the s	
REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (State)	
DARIAL LONG BILLANI	-5 MATTHEWS, UA,	
REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
DATE Oct 30-1993 Welliam m/100	yell Level Bevelley, Helich, Met	
	7 / / / / / / / / / / / / / / / / / / /	
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CERTIFICATE OF DEATH

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STATE OF BUILDINGSHIP INSTRUMENTS OF BUILDINGS

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MARYLAND STATE DEI 9452 CERTI	PARTMENT OF HEAL FICATE OF DEA	A IDIT	18 U 9 4 4 2 ·
1. PLACE OF DEATH:	2. USUAL RES	IDENCE (HOME) OF DECE	ASED:
COUNTY Baltimore MARY	AND STATE Ma	ryla county	
CITY (If outside corporate limits, write RURAL) LENG	OTH OF STAY CITY(If outs: OR OR	ide corporate limits, write RUR Baltomore City	AL and give nearest tow
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospit	STREET ADDRESS	(If rural give loca	tion)
	(Last)	4. DATE (Month)	(Day) (Yesr)
3. NAME OF ANNA (First) (Middle) DECEASED: ANNA (First) (Type or Print) BLANCHE	GREEN	OF DEATH: 10	4 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCE (Specify): Widow	8. DATE OF BIRTH:	9, AGE last birthday Month	ER I YEAR IF UNDER 24 HR
OA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): housewife	BUSINESS 11. BIRTHPLAC	E (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:		MAIDEN NAME:	Uabaaa
(?) Neely	(2)	loggins	
(Yes, no, or unk.) (If Yes, give war or dates of service)	ECURITY NO. 17. INFORMAN	th Rd. Balto, Md	reen
I DISEASES OR CONDITIONS DIRECTLY LEADING TO HOSE AND LEADING TO	Generalized Arterios	lerosis	INTERVAL BETWEE
1903. 71 (C)	falnutrition and Deb	and an all an	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	AND AND AND MAIN	yarattoa	•
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS C	PF OPERATION		20. AUTOPSYT
OR CONTRIBUTING ACAUSE OF DEATH OF INJURY str	eet, office bldg., etc. INJURY OC	Sylle Maryland	County) (State)
22. I hereby certify that I attended the deceased	from June 17, 19 36, to	Oct 4 , 1955, that I	
SIGNATURE	occurred at 7:30 AM, from ADDR	L	DATE SIGNED
BUNAL (SPECIFY) 10/6/VV	1/00 d/AWN CEM	BALTO	n, or county) (Stat
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	FUNERAL	DIRECTOR	ADDRESS

E-49 CONTRACTOR OF THE STREET OF THE PROPERTY OF THE CONTRACTOR OF AND THE PROPERTY OF THE PARTY O is not been roughly better that the

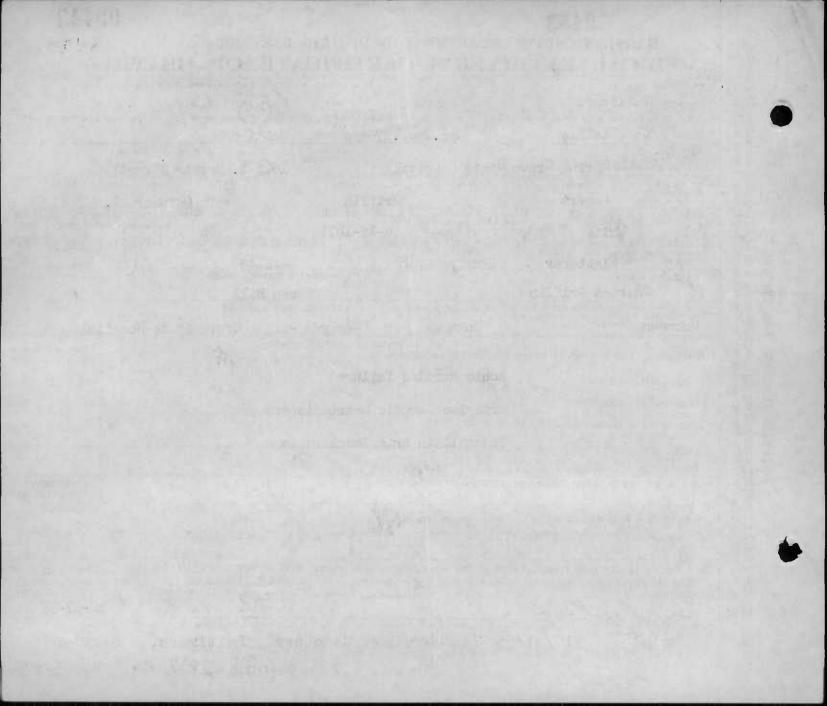
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. CERTIFICATE OF DEATH

MEDICAL BRANKINER S CER	THICKIE OF DEATH	No
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL OR and give pearest town) 2TOWN Catonsville LENGTH OF STAY (in this place) 8yr.2mos.27d	CITY (If outside corporate limits write RURAL and OR Baltimore	give nearest town)
HOSPITAL OR JUSTITUTION OR Spring Grove State Hospital	STREET ADDRESS 1628 N. Durham Street	2/
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
DECEASED: (Type or Print) Robert Grif	OF	19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT	E OF BIRTH: 9. AGE last birthday: IF UNDER 1 YE	AR IF UNDER 24 HRS
Male RACE: WIDOWED, DIVORCED, (Specify): Widowed 8-1	9-1871 84 yrs. Months Day	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS O		CITIZEN OF WILA'
even if retired):Plasterer Contractor	Maryland	USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Charles Griffin	Susan Bill	
I5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
Unknown service) Unknown	Records Spring Grove State Hospit	tal
Immediate cause (a) Acute cardiac fai DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) Generalized arter II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	heart disease	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	20.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes \(\text{No} \(\text{X} \)
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factory OF street, office bldg., etc INJURY)		(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not wbile INJURY M. While at work ☐	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descrifted that death resulted from: Natural causes Accisionature	dent □, Suicide □, Homicide □, Undetern CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	mined cause DATE SIGNED
burial 10/31/55 Loudon Par	k Cemetery Baltimore, Ma	ryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Wm. Cook 2 1217 St. Pa	ul Street

MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK. age is especially important. Physicians: please

A15A - 5 - 53 VS.



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

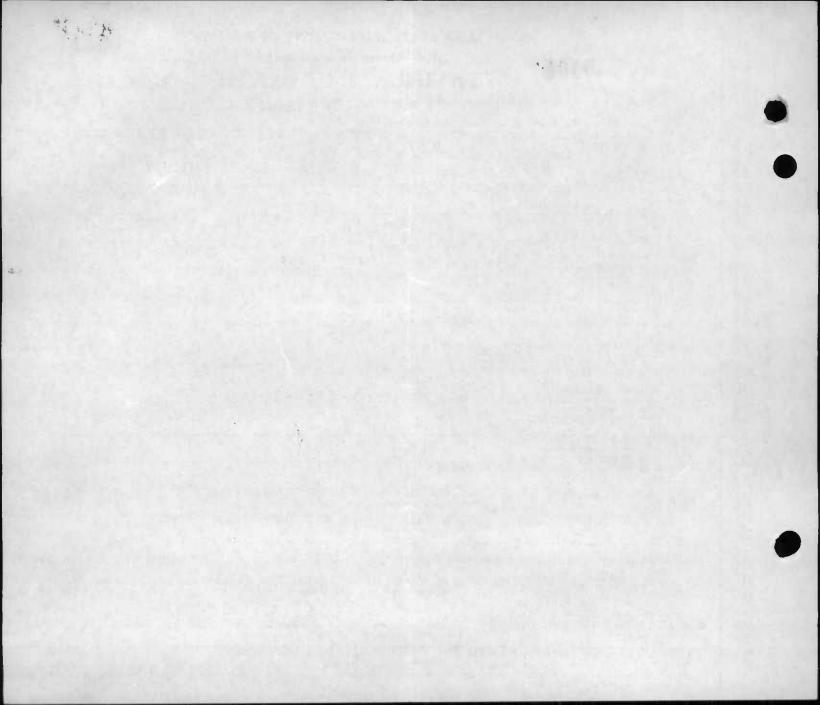
09444

Reg. Dist. No.

9454

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	v -
OACIMORE MARYLAND	MARYLAND	20.015
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and given	re nearest town)
MIGGLE GIVER 1 34 YRS	TOWN MIDGLE RIVER	54.
HOSPITAL OR INSTITUTION OR AT HOSPITAL	STREET (If rural, give location)	1
STREET ADDRESS AF HOME	814 WAMPLER IS	d
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) JAMES, STANISLAUS	GRUSZ DEATH OCT	8 1955
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED (Specify) MARRIED	8. DATE OF BIRTH 9. AGE last birthday If under	I year If under 24 hrs.
MALE WHITE (Specify) MARRIED	VYOV-06.1881 6/ yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business or		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY FOLLING MI	L POLAND	POLAND
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JOSEPH GRUSZ	MARY UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of 2/6-/0-0743	ANNA J GRUSZ 814 WAM	PLER Rd
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
1/22.1	A 1. 10 10:	Onder Mild Dakid
Immediate cause (a) Urterio - pelerolie	. Custio- Roula bliene	Lyres
Antecedent cause(s) Diseases or conditions, if any, (b) arterio Acleration	E Paugrene y Foot	2740.
giving rise to the above cause		
stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
710		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY	Yes No X
SUICIDE OF office bidg., etc.)	(OIII ON IOWN) (OOUNII	(SIRIE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	11011 212 1116011 000011	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from July	1955 to Oct. 8 1957 that I last a	horsensh adt wa
Act or	0 '	an one decompos
alive on Oct. 8 , 1953. , and that death occurred at	3	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
James FW Tite M.D. 42	2 Eastern aux, Delturas 21, ma	10/8/67-
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	RY OR GREMATORY LOCATION (City, town, or coun	
REMOVAL (Specify)		1= BATTO Md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG.	Jenge Q Weber 705 S. G	man at
	of the state of the	TOTO IN



UNFADING INK.

OR WRITE PLAINLY, WITH

TYPE

PLEASE

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03445

0155	CERTIFICATE	OF	DEATH
	O		The second second second

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Balto. Maryland	STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town)
Cacchisatite	Catonsyllie
HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 Cella Ave.	STREET (If rural give location) ADDRESS 109 Oella Ave.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) JOHN M. HAHN	
male White Widowed, Divorced, (Specify): married Dec.	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRe. Months Days Hours Min.
work done during most of working life, even if retired) Electrician Construction	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Edward Hahn	Adda Ott
18. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: Catonsville, Md.
(Yes, no, or unk.) (If Yes, give war I'd ates of service) World Nol 214-05-8856	Mrs. Marian A. Hahn - 109 Oella Ave.
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
196X IMMEDIATE CAUSE (A) Cerubra	te adenos 2 1 2. Kertelse 6205.
ANTECEDENT CAUSE (S)	7 21 -13 -674
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	beldenon 2- 2, Kerleta 6 205.
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH	N .
	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State), etc. INJURY OCCUR?
OF INJURY OF INJURY	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	, 1955, to 10 - 25, 1955, that I last saw the deceased
alive on 10-R4, 1953, and that death occurred at SIGNATURE	ADDRESS DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial 10/28/55 Loudon	Park Balto Md.
REGISTRAR 12" Hed rich	Ilm. I listanes & lous-batto 17 Md.

BEEL DEL BRIKE DE LING SEE DE TRANSPORTE TRAS DE KATALO

N	The	MARYLAND STATE DEPARTMENT		9446	
1	The same of	9456 CERTIFICATE	OF DEATH Reg. Dist.	No.	
2	ully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED);	
1	carefully legibly.	COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Charl	es	
•		CITY (If outside corporate limits, write RURAL (in this place) TOWN Catonsville SyrlOmos9days	CITY(If outside corporate limits, write RURAL at OR		
	item of information of death clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET (If rural give location) ADDRESS	1	
	inf cle		Last) 4. DATE (Month) (I	Day) (Year)	
	of	DECEASED: (Type or Print) Francis P. Hami	lton OF DEATH October 1	1 19 55	
	100	5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE No. 1. SINGLE. MARRIED. 1. SINGLE. MARRIED. 1. SINGLE. MARRIED. 1. SINGLE. MARRIED. 1. SINGLE. MARRIED.		ays Hours Min.	
57	every	OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) I armer	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT	
BINDING	pply	13. FATHER'S NAME: John Hamilton	14. MOTHER'S MAIDEN NAME: Catherine C. Dyer		
	100	15, WAR DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO.	17. INFORMANT & ADDRESS:		
FOR	INK.	(YUnknown of service) Unknown	Records Spring Grove State Hos	pital	
		18. MEDICAL CERTIFICATIO		INTERVAL BETWEEN	
RESERVED	NIC	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND BEATH	
ER	TH UNFADING Physicians: plea		Infarction	Approx. week	
ES		ANTECEDENT CAUSE (8)		V	
	01	GIVING RISE TO THE ABOVE CAUSE	rteriosclerosis	Years	
MARGIN	lend .	STATING UNDERLYING CAUSE LAST.	ed arteriosclerosis	Years	
AH	-	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		10010	
2	LY	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Multiple p	ulmonary abscesses	Years	
	Z E	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	4-4	20. AUTOPSY?	
	7		*.	YES NO	
	WRITE PL especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		y) (State)	
	>	OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?		
	O.F.	22. I hereby certify that I attended the deceased from 7-	, 19 53 to 10-11- , 19 55, that I last	saw the deceased	
53	0	alive on 10-11, 19 55, and that death occurred at 8	: OOA M, from the causes and on the date s	stated above.	
-01	Spring Grove State Hospital Date St				
	SE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	Catonsville 28 Marriand		
115	EA	REMOVAL (SPECIFY) 11-14-CS ST Land	tion Cemetery Bel alton	Mid	
	PLEA	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR.	ADDRESS	
>		REGISTRAR 10-13-55 Phys. Riones	the Hould Joneral &	tome 11th	
		U. E. Harred B	ti ti	rucat fra	

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SSET SET 100 125 May 2 and a given a service and a service

	a	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	09447		
1/	7. The	9457 CERTIFICATE OF DEATH Reg. Dist. No. 30			
1	carefully.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED			
6	carefull legibly.	COUNTY De China C MARYLAND STATE Md. COUNTY Bal	to Coun.		
		CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) OR TOWN COLUMN (If outside corporate limits, write RURAL at OR TOWN COLUMN (In this place)	nd give nearest town)		
123	nati ly a	The state of the s			
	information	HOSPITAL OR JAMES Grove State Hospital ADDRESS ADDRESS			
	of in	DECEASED:	Ony) (Year)		
		(Type or Print) OCA CL, HOVE DEATH: O 3	1955		
	ite	Fe'm. White (Specify): WIGHT 6-19-63 92 yrs. Months D.	Hours Min.		
5	every	work done during most of working life. OR INDUSTRY:	COUNTRY?		
BINDING	e 5	13. FATHER'S NAME:	0.0111		
Z	Supp se th	Solomoy Woifgang Margart Sarrett			
	W.r.i	(Yes, no, or unk.) (If Yes, give war or dates	are		
FO	Se IN	- of service) - Mrs. Maria Measley, 5213	Midwood		
MARGIN RESERVED FOR	NG	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN		
R.	IQ	450.0 Common lizzad and things leaving			
SE	UNFA	IMMEDIATE CAUSE (A) GENERALIZED OUR FURIOSCIEVOSIS			
RE	UN	ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. (B)			
Z	ITH	GIVING RISE TO THE ABOVE CAUSE DUE TO			
RG	j-mi	(C)			
MA	Y, rtan	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
	AINLY, Wimportant.	DISEASE OR CONDITION CAUSING DEATH			
		132. BATE OF OF ERATION.	YES NO		
	est	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. NJURY OCCUR? (County OCCUR?)	y) (State)		
•	WR.	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work at work	DATE SE		
	OR ie is	22. I hereby certify that I attended the deceased from 11. 1914, to 10.30, 1917, that I last	saw the deceased		
60	TYPE rect ag	alive on 19.3., and that death occurred at W. Ma M, from the causes and on the date s			
0	E TY	SIGNATURE DAT	E SIGNED		
ī	SE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or	county) (State)		
115	EAS	BUT (A) 11-1.55 Horrest BAptist Here Foud	Md.		
VS. A	PLI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR REGI	ADDRESS/		
		191/3) 16120 Harand W - 1019 Me. 131/ 911	an vi ·		

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MARYLAND STATE DEPARTMENT OF HEALTH

9458 CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

	iteg, Dist. No	• • • • • • • • • • • • • • • • • • • •
1. PLACE OF DEATH- COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	BALT
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	MINICIANI	DALIO.
X OR give nearest town CUB HILL (in this place)	CITY (If outside corporate limits, write RURAL and giv OR TOWN CVB HILL	e nearest town)
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR 9947 HARFORD ROAD	ADDRESS 9947 HARFORD ROAD	
3. NAME OF (First) (Middle) DECEASED EMILY (LIFTON HAPP)	(Last) 4. DATE (Month)	(Day) (Year)
		1940
FENIALE WHITE WIDOWDD, DIVORCED.	SEPT. 26,1888 9. AGE last birthday If under Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
PANK SECKETARY - NETIKED SAVINGS MANK	MARYLAND	COUNTRYT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
HENRY TUCKER HARRISON	MARION JENIFER	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no prunknown) (If yes, glyppas of dates of	17. INFORMANT AND ADDRESS	
NO service) NONE	FAMILY RECORDS	
18. MEDICAL CE	RTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
4201		()
Immediate cause (a) Olava	y Deller	Judden
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS		+0 60 00 00 News00 610+1 05540000000000000000000000000000000000
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No L
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) [CAUSE OF DEATH. INJURY]	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not while work at work		
22. I certify that I took chorge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said december of the control of the said decembers, accident suicide homicide still said that the said decembers of the said accident to the said decembers of the said decembers. SIGNATURE (Degree or title)	ased died on the dry stated chang and death in my	from the evidence opinion resulted DATE SIGNED
27. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
BURIAL Specify) OCT. 24. 1955 PROSPECT H	ILL CEMETERY TOWSON, MARY	LAND
DATE REC'D BY LOCAL REDISTRAR'S SUNATURE	24 FUNERAL DIRECTOR	ADDRESS /
REG. 10/25-15-5 U.M. Sara	John Burney Love Tours	nalle

PLEASE WILTE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The

RECEIVED

OCT 27 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. 11		9459 CERTIFICATE OF DEATH Reg. Dist.	No
الإلحا	ully.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME.) OF DECEASED):
0	tion carefully and legibly.	COUNTY DA LA MONE MARYLAND STATE MARYLAND COUNTY DA CITY (If outside corporate limits, write RURAL of the corporate limits and the corporate limits of the corporate limits and the corporate limits are corporate limits.	LtinorE nd give nearest town)
	atio y an	HOSPITAL OR STREET (If rural give location)	2 / /
	nforma	OBSTREET ADDRESS 100 CHd COURT Rd ADDRESS 100 Chd Corrt A	rad.
	m of in	DECEASED: (Type or Print) NELLIE E, HAYES DEATH: 10 - 5	(Year) 1905
	y items of d	TEMALE WALL (Specify): Waght OF 18/0 8 yrs.	ays Hours Min.
I g	Supply every item of information te the causes of death clearly and	Edica is reprodult fr HONE MARYLAND	COUNTRY?
BIND	Suppl:	LEWIS NELSON ELSEROAD CAROLINE HOLEMY	
FOR	INK. Su	(Yes, no, or unk.) (If Yes, give war or dates of service) (Yes, no, or unk.) (If Yes, give war or dates of service)	1 Court
		18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
RESERVED	10	1420./ IMMEDIATE CAUSE (A) Coronary Occlusion	I month.
RES	UNFA1	ANTECEDENT CAUSE (S) DUE TO ANT. APPLICATION .	540
MARGIN	WITH it. Phys	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) THE TO	0.3.
AR		(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING //	
M.	LY, orta	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. DISEASE OR CONDITION CAUSING DEATH.	5,415.
	PLAINLY, W	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
		21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. 1NJURY OCCUR? (Count, OF INJURY street, office bidg., etc.)	y) (State)
•	P 80	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
	Se O	22. I hereby certify that I attended the deceased from, 1950 to 22. 1953, that I last	saw the deceased
0 - 53	च ह	alive on OCA: 26, 1955, and that death occurred at 6. A. M, from the causes and on the date s SIGNATURE ADDRESS DAT	stated above.
5 — 1	SE	23 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or	2/
A1	PLEA	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DISTRIBUTION 2 FUNERAL DIRECTOR	ADDRESS
S	14	REGISTRAR Q OSS MATALIA HOURS VALLE H MILLIS PC- 11	Swielle & ma

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

9380

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09450 st. No. 441

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
BACCO, MARYLAND	144
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
JOHN JUNGAL TOTAL	TOWN JUNDACK 22 51
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS 170 TINE WOLD KC	1720 PINEWOOD NOI
3. NAME OF (First) (Middle) DECRASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) CHARLOTTE	HEFRIGHT DEATH 10- 10- 1955
6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs.
WIDOWED DIVORCED (Specify) MAKKIE)	MAY 2, 1911 44 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
100000000000000000000000000000000000000	KATHARINE
15. WAS DECEASED EVER IN U.S. ABMED FORCES? 16. SOCIAL SECURITY NO.	12 INFORMANT AND ADDRESS
(Yes, no, or unknown) [(If yes, give war or dates of) 77	RICHARD K. HEFRIGHT - SAME ADDRESS
lservice) 19/2/6 7017	
18. MEDICAL CEI	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LYADING TO DEATH	ONSET AND DEATH
35 X Str Cerebro-	becaler Remanhae 9 48 the
Immediate cause	
Antecedent cause(s)	mm to yes
Diseases or conditions, if any, (b) giving rise to the above cause	**************************************
stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSYT
	Yes \(\tau \) No (0)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office hldg., otc.) HOMICIDE INJURY	
Time (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF NJURY m. While at Not While Work At work	
G. 12	1057 . 10.10 1015 0011
22. I hereby certify that I attended the deceased from 7.12	, 19.57, to 19.53, that I last saw the deceased
alive on 10-9, 19.57, and that death occurred at 1	1110 - 9
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
(la ela Ola Placina M.D. 1).	1. 21 Mel 11-12:12
23/BURIAL CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
23/BURIAL CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
	to the second se
DUNIAL IVITY TO DEVAIR IN	YEMORIAL BELAIR Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	to the second se

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D'STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. MEDICAL EXAMINER'S CERTIFICATE 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY MARYLAND STATE COUNTY CITY (If outside corperate limits, write RURAL OR and give nearest town) LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) (in this place) TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS STREET ADDRESS (Middle) 4. DATE (Day) (Year) DECEASED: (Type or Print) DEATH 7. SINGLE, MARRIED, 5. SEX: 6. COLOR OR 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER 1 YEAR ! IF UNDER 24 HRS WIDOWED, DIVORCED, RACE: Months Hours (Specify): w 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of work life, INDUSTRY: COUNTRY? 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: 15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY No.: 17 INFORMANT & ADDRESS: (Yes, no. or unk.) (If Yes, give war or dates of service)-18. MÉDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH 420.1 Immediate cause (a) .. DUE TO Antecedent cause(s) (b).. Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes | No D (County) 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, 21c. (City or town) (State) OF street, office bldg., etc., INJURY PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 21f. HOW DID INJURY OCCUR? 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not wbile INJURY work [at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined cause . CHIEF MEDICAL EXAMINER SIGNATURE DATE SIGNED DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. 23. BURIAL, CREMATION, NAME OF GEMETERY OR CREMATORY LOGATION (City, town, or county) DAFE THEREOF (State) REMOYAL (Specify) : Bureal 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.

BUREAU V. S.

OCL 37 1822

BECENTED

DATE SIGNED

(State)

09452

1. PLACE OF DE	АТН				2. USUAI	RESIDEN	ICE (HOME) OF	DECEASE)		
COUNTY B.	altimore		MARYL	AND	STATE	Maryl:	and coun	TY			4
CITY (If outside c OR and give na	orporeta limits, write	RURAL	LENGTH OF		CITY (II	outsida corpo	rate limits, write RUR,	AL and give naa	rast lown)		
marian i	ort Howar	d	24 Day		TOWN	Baltir	nore		3 V	01-4	1
HOSPITAL OR					STREET			give location)			-
50 STREET ADDRESSY	eterans A	dministra	tion Hos	spital	ADDRESS		Hunter «Str	eet			1
3. NAME OF	(First)		(Middla)	Padda	(Last)		4. DATE		(Dey)	(Yaar)	
(Type or Print)	JOHN		W.		HICKS		DEATH	October	28	19	55
5. SEX 6.	COLOR OR	7. SINGLE, MARI		B. DATE	OF BIRTH	1.37 - 1	9. AGE last birthday			IF UNDER 2	-
Male C	olored	(Specify)D17	rorced	12-25	_99	9	55	Months rs.	Days	Hours	Min.
10a. USUAL OCCUPATI	ON (Giva kind of w	ork 10b. KI	ND OF BUSINESS		11. BIRTHPLACE	(Stata or forei	11			N OF WHAT	r
dona during most retirad) Labor	of working life, eva		el Mill		Baltimo	ne Man	mrl and		COUN	S. A.	
13. FATHER'S NAME	01	1 500				R'S MAIDEN			0.6	J. A.	
Edward Hick	S				Hattie	Tavlo	•				
IS. WAS DECEASED EV		D FORCES? 1	6. SOCIAL SECL	IRITY NO		ORMANT & A					
	Yes, give wer or da	tes of sarvica)		J. 110.			et.Adm.Hos	milan T	de II-		1.3
ies	AAAA T		ink.			nec ve	St. Aum. gos	breare			
I DISEASES OR COND	OITIONS DIRECTLY L	EADING TO DEATH		JICAL CE	RTIFICATION					RVAL BETWE	
443X IMMEDIA	ATE CAUSE	(A) <u>HY</u>	PERTENSI	VE CAR	DIOVASCU	LAR DI	SEASE		L Y	EARS	
ANTECEDE	ENT CAUSE(S)	UE TO									
DISEASES OR CONDIT		(B)							-		
STATING UNDERLYING		UE TO									
TO THE DEATH BUT IN DISEASE OR CONDIT	NOT RELATED TO TH	TRIBUTING HE									
19a. DATE OF OPERAT	ION 19b.	MAJOR FINDING	OF OPERATION	1					20 YES	AUTOPSY NO	?
21a. ACCIDENT WAS OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTI	AUSE OF DEATH	21b. PLACE (Hor OF INJURY straat,			21c. WHERE DID	NJURY OCCU	R? (City or lown)	(Cou	nty)	(State)	
21d. TIME OF INJURY	(Month) (Day)	W		RRED whila work	21f. HOW DID I	NJURY OCCU	R?				
22. I hereby co							28, 19.5				666

Rayner Sanders Funeral Home. 217 E. Preston

Street, Baltimore, Md.

HTATO FORTHOLDER OF BERTH

BUREAU V. S.

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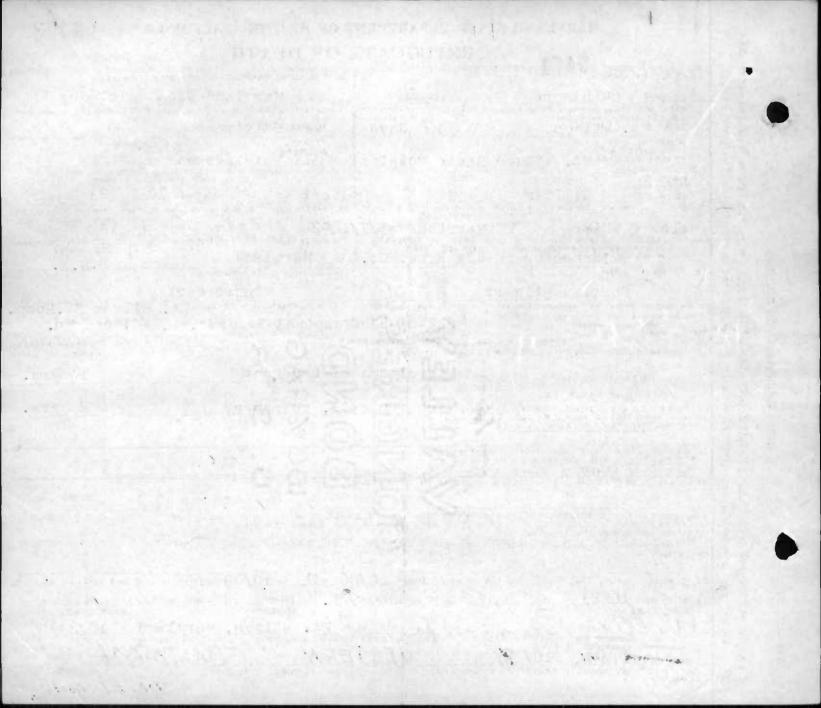
PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09453

CERTIFIC	A TITLE OF	TO TOTAL	APTITT
	AIR		$A \cap \Box$

Reg. Dist. No.

		3					
oly.	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:					
gil	county Baltimore Maryland	STATE Maryland COUNTY Baltin	more				
1 le	CiTY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and	give nearest town)				
and	OR and give nearest town) Town Mt. Wilson (in this place) 368 days	TOWN Baltimore 29	3 Y O 1 - U				
rly	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)					
lea	Olstreet ADDRESSMt. Wilson State Hospita.	511 Yale Avenue					
hc	DECEASED.	(Last) 4. DATE (Month) (Date of the control of the					
death clearly and legibly	(Type or Print) William J Hi	ilbert DEATH: 10 2					
of d	RACE: WIDOWED DIVORCED	OF BIRTH: 9. AGE iast birthday IF UNDER 1 YEA Months Day					
	Male White (Specify) Married 5/7	/1892 63 yrs. 4 16					
causes	work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. Cl	TIZEN OF WHAT				
	even if retired): Inspector Gas & Elec. Co.	Maryland II	·S.A.				
write the	Charles Hilbert	Minnie Carl					
rite	Charles Hildert 18. Was Deceased Ever In U.S. Armed Forces: 18. Social Security No.		st. Hosp.				
	(Very man on unit) (16 Very mine une an deam	Chospital Records, Mt. Wilson					
ease	NO 18 MEDICAL CERTIFICAT						
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		NTERVAL BETWEEN				
* *	/63× Carcinoma	of the Lung	1½ vrs.				
ans	DUE TO		12 JIS.				
Sici	ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B) Tuberculos	sis, pulmonary	2 vrs.				
Physicians	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	- John Marie Land					
	002 X (C)						
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
por	DISEASE OR CONDITION CAUSING DEATH.						
in	19a. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?				
-1			YES NO				
especially	21a. ACCIDENT WAS UNDERLYING ACCOUNTY STREET, office bldg., etc. 21c. WHERE DID (City or town) (County) (State) OF INJURY Street, office bldg., etc. 10c. 10c						
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	A Y FIEST				
	22. I hereby certify that I attended the deceased from 10/2	20 . 154 . to 10/23 1955 that I leat a	aw the deceased				
age		9 P. M, from the causes and on the date str					
ect	SIGNATURE	ADDRESS DATE	SIGNED				
correct	William Merconer M.	.p. Mt. Wilson, Maryland 1	0/23/55				
Ü	23. BURIAL DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or ex	ounty) (State)				
	BUNIAL 10/24/55 WES!	EKN BALIOIVIL					
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS				



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A STATE OF THE PARTY OF THE PAR are motion to assume to sate 131 M

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND	STATE	DEPARTMENT	oF	HEALTH—BALTIMORE,	18	09455
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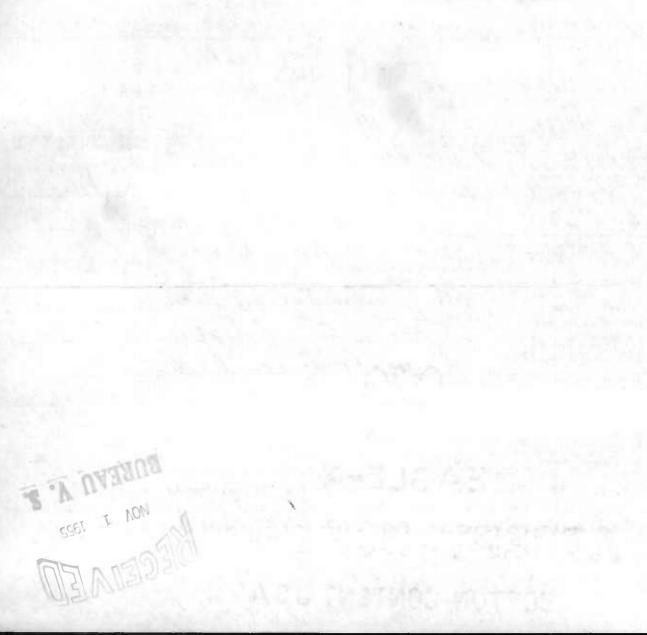
	9463 CERTIFICATE OF DEATH Reg. Dist.	No. 30
>	I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEMBED	marils
legibly	COUNTY BALTIMORE MARYLAND STATE MD. COUNTY PARK	1100
leg	COUNTY DE TOURS MARYLAND STATE MU COUNTY THE COUNTY OF THE	nd give nearest town)
and	5 TOWN (in this place) OR TOWN Cark Hall	18 x-2
clearly	HOSPITAL OR SER ING GROVE STATE HUSP ADDRESS (If rural give location)	1
		Ony) (Year)
death	OF (Type or Print) MINNIE WOOD HILL DEATH: 10	11 1955
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday F UNDER 1 Y	
s of	(Specity): MIRGIED 1 2, 1007 68 yrs.	ays Hours Min.
causes	JOA. USUAL OCCUPATION (Give kind of working life, even if retired): NORSE 10B. KIND OF BUSINESS OR INDUSTRY:	CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	0 3 7
e the	RICHARD H. WOOD JEMINA WOOD	
write	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	
	(Yes, no, or unk.) (If Yes, give war or dates of service)	
please	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
D.	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	58 MMEDIATE CAUSE (A) Cirrhorio of hiver	
Physicians	ANTECEDENT CAUSE (S)	
sic	DISEASES OR CONDITIONS, IF ANY, (B)	
hy	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
	(C)	
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ort	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
up	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20 AUTOROVA
		YES NO
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER)	y) (State)
esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
is	OF INJURY M. 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
 	22. I hereby certify that I attended the deceased from July , 1955, to 10/12, 1955 that I last	saw the deceased
ති. සේ	130 A. J. J. J. J. S.	saw the deceased
	alive on July 4, 19 55, and that death occurred at 7 AM, from the causes and on the date s	stated above.
correct	Stella Wacheler M.D. Spring Grove St. Hospo.	10/12/55
00	23. BURBAL, CREMATION. DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City, town, or REMOVAL (SPECIFY) OCT 14, 1955 HT GRAPULTS LOCATION (City, town, or REMOVAL)	county) (State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SAF FUNERAL DIRECTOR	ADDRESS Z
6.8	REGISTRAR 12 12 TE TO TO BE TO THE TOTAL DIRECTION OF THE TOTAL DIRE	Dures Trum

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 Item 21 Film G188 11-9-55 am Reg. Dist. No. 38 carefully. legibly. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Baltimore MARYLAND COUNTY CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) (in this place) and give nearest town) OR information TOWN TOWN clearly STREET (If rural give location) HOSPITAL OR ADDRESS INSTITUTION OR STREET ADDRESS (First) (Middle) (Last) DATE (Day) 3. NAME OF (Month) (Year) death DECEASED: OF of 1955 (Type or Print) DEATH: item SINGLE, MARRIED 8. DATE OF BIRTH: SEX COLOR OR 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRS. WIDOWED, DIVORCED, RACE: (Specify) of Months Days Hours every causes 108. KIND OF BUSINESS IOA. USUAL OCCUPATION (Give kind of II. BIRTHPL (State or foreign country): |12. CITIZEN OF WHAT BINDING work done during most of working life, OR INDUSTRY COUNTRY? even if retired) J Supply 13. FATHER'S NAME: 14. MOTHER the te IS. SOCIAL SECURITY NO. or unk.) (If Yes, give, war or dates of service) NOME 18. MEDICAL CERTIFICATION INTERVAL BETWEEN C RESERVED ADING I DISEASES OR CONDITIONS DIRECTLY LEADING TO-DEATH pl ONSET AND DEATH Physicians (A) IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY (B) MARGIN WITH GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST important. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE INLY, DISEASE OR CONDITION CAUSING DEATH 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OPERATION OF 20. AUT@PSY YES [NO 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OF INJURY street, office bldg., etc. OR CONTRIBUTING CAUSE OF DEATH INJURY OCCUR? Bal to. Md. (1F EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) Not while While OF INJURY at work Fell while walking around bed. at work It to ole X. 19 1 that I last saw the deceased 22. I hereby certify that I attended the deceased from No L alive of the and that death occurred at M, from the causes and on the date stated above. SICNATURE ADDRESS DATE SIGNED (State) LOCATION (City, town, or county) BURIAL. CREMATION NAME OF 23. REMOVAL (SPECIFY) DATE REC'D BY LOCAL 0 RESISTRAR



hours after death.

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9465 CERTIFICATE OF DEATH

09457

Reg. Dist. No

I. FLACE OF BEATTI		Z. OSOAL RESIDE	NGE (HOME) OF D	acano ao	
COUNTY Baltimore	MARYLAND	STATE Marylar			
CITY (II outside corporate limits, write RURAL OR end give neerest town)	(in this piece)	CITY (It outside com	orate limits, write RURAL a	ind give nearest tow	vn)
X TOWN Fort Howard	39 Days	TOWNBaltimo	ore	3 V	101-4
HOSPITAL OR	1 27 20,12	STREET		ve location)	
50 STREET ADDRESS Veterans Administ	ration Hospita	ADDRESS	Lombard St	root.	
3. NAME OF (First)	(Middle)	(Lost)	4. DATE (Mor	nth) (Day)	(Year)
(Type or Print) MIKE	H	ORTON	DEATH OC		55
5. SEX 6. COLOR OR 7. SINGLE, M		E OF BIRTH	9. AGE lest birthday	IF UNDER 1 YEAR	19 55 R TIF UNDER 24 HRS.
PACE WINOWEN	DIVORCED, 9/8		רח	Months Days	
	0 1 7 7				
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tug boat worker	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Russia	eign country)		ZEN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	1000	022.0
Harry Horton			MN: Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT &			
Yes, no, or unk.) (If Yes, give wer or detes of service)	218-07-2147	Clin-Recal	Tet.Adm.Hosp	Ft. How	ard.Md.
	18. MEDICAL C	ERTIFICATION	COMMUNICIPE CONTRACTOR	IN	ITERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA		M 1704 173 A			NSET AND DEATH
154X IMMEDIATE CAUSE (A) CA	RCINOMA OF RE	CTUM		UNI	KNOWN
ANTECEDENT CAUSE(S) DUE TO					
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE					
STATING UNDERLYING CAUSE LAST. DUE TO				1000	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
196. DATE OF OPERATION 196. MAJOR FINDIN					20. AUTOPSY?
7-8-51 Explorat	tory Laparotom	y & sigmoid colo	ostomy	(County)	(State)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	eet, office bldg., etc.)	216. WHERE DID INJURY OCCU	oke (City of lown)	(County)	(State)
	21e. INJURY OCCURRED While Not while et work et work	21f. HOW DID INJURY OCC	JR?	000	
22. I hereby certify that attended the de		15, 1955, 100ct	ober24 1955	, descolares	propoporogram
attendedddggggggggggggggggggggggggggggggg	and that death occurred				ve.
SIGNATURE TO Driken	1110		RESS (Street, city, tow	rn, state)	DATE SIGNED
Francis G. Dickey, M.D. Chief,	Medical Servi	ce VAH. FORT H	OWARD, MARYI	AND 10	-25-55
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY	OR CREMATORY	LOCATION (City, tow	n, or county)	(State)
Burial Oct 28.19	55 Baltimore	National Cem.	Baltimore,	Marylan	d
24. REC'D BY REGISTRAR REGISTRAR'S SIGNAT	URE D of A	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRE	53
DATE OF 28, 1955 Abrens	L Farber	Wm.Cook-Blig	ht. Inc. 6009	Harford	Rd. Balto
)	G			Md

MAYYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 78

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	ad we write a				
Mark No. 11		Valuation I			
	ANTE TO SELL EN	2110Va2		and a	Co-the all
	e • • • • • • • • • • • • • • • • • • •	- Borranous			AU AU
		Thomas vin A			
		Tonas Com	Alteria		

The

is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

P	1. 5	36	CERTIFIC	ATE	OF	DEATH
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Reg. Dist. No.

0 3 0 0	9	/()
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Balto. MARYLAND	STATE Md. COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL of TOWN Baltimore	3 VOI - 4
HOSPITAL OR Sorensen Nursing Home Street Address 7912 Ruxton Rd.	STREET (If rural give location) ADDRESS 424 Whitridge Ave.	¥
3. NAME OF (First) (Middle) DECEASED: (Type or Print) ANNA MAY FISHER HULL		Day) (Year) 19
BACE. WIDOWED DIVORCED	26, 1875 9. AGE last birthday 15 UNDER 1 26, 1875 80 yrs. Months 1	YEAR IF UNDER 24 HRS. Days Hours Min.
work done during most of working life, even if retired): rtd Practical Hurse - self Emp.	11. BIRTHPLACE (State or foreign country): 12. Mass.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Lucien Fisher	Celia A. Parker	
18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service) NO	Mr. Harry W. Rohr - 4019 Rol	Land Ave.
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) Pulsas	mary Embotes.	6 hours.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B)	ignany Intestine.	Savenel
STATING UNDERLYING CAUSE LAST	tastasis of malignary	Gradual.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	V	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Coun INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept.		
alive on .G.C.T	ADDRESS DA'	stated above. TE SIGNED 7. 5, 1955
BURIAL CREMATION. DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town, or	
Burial (SPECIFY) DATE THEREOF NAME OF CEMETIC CONTROL	em. Millbury, M.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS MA

SERVES OF AUGMENTANCEMENTAL NO TRADESCRIPTION OF STATE OFFICE AND PROPERTY.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 9467

09459

			111
Reg.	Dist.	No	44

ii I LAGE O	DEATH				Z. OOOAL RESID	LINE (IIOME, OF D	7	10/1924
COUNTY	Baltimore			LAND	STATE Mary	land county	Ja	col
	tsida corporata limits, wri ilva naarest town)	RURAL		OF STAY place)	OR (If outside co	rporata limits, writa RURAL	and give nearest to	wn)
Y TOWN	Fort Howar	2		Days	TOWN Newco	mh	2	20 X-2
HOSPITAL O	R R	X e	1 150	naya	STREET	(II rural oi	iva location)	70 N-23
INSTITUTION	OR				ADDRESS	(ii farat g		1
STREET ADDR	Veterans	Administ	ration !	Hospital	P.O.	Box		1
3. NAME OF	(first)		(Middle)		(Last)	4. DATE (Mo	inth) (Day	y) (Year)
Type or Print	1		73		* * * * * * * * * * * * * * * * * * *	OF DEATH		
5. SEX	6. COLOR OR	7. SINGLE, M.	ADDIED	I 8. DATE C	HUNT	9. AGE last birthday	October I IF UNDER 1 YEA	29 19 55 AR TIF UNDER 24 HI
). JEK	RACE	WIDOWED	DIVORCED,	o. DAIL C	יר שואווו	7. AGE lest billiony	Months Day	
Male	White	(Spacify)	Single	2-1-	94	61 yrs.		
Oa. USUAL OCC	UPATION (Giva kind of	work 10b.	KIND OF BUSIN	ESS	11. BIRTHPLACE (State or fo	oreign country)	12. CIT	TIZEN OF WHAT
	most of working life, av		OR INDUSTRY					OUNTRY?
3. FATHER'S NA	oodworker	IWC	odwork (JO. 1	Royal Oak, 1	laryLand	U.	S.A.
. FAIHER'S NA	WE				14. MOTHER'S MAIDE	N NAME		
Richa	rd Hunt				Rose Lee	nard		
	SED EVER IN U. S. ARM	ED FORCES?	16. SOCIAL SE	ECURITY NO.	17. INFORMANT	& ADDRESS		
	(If Yas, giva war or d	ates of servica)	-14-					
Yes	WW-I		1/16-10-6		Clin Rec J	let. Adm. Hesp.	Ft. How	rard, Md.
DISEASES OR	CONDITIONS DIRECTLY	LEADING TO DEA		EDICAL CER	TIFICATION			NTERVAL BETWEEN
EGIV				0070 070	177m 777ma177m			
) // N	MEDIATE CAUSE	(A) ACU	TE NEPHR	0212 KTG	HT KIDNEY			UNKNOWN
ANI	ECEDENT CAUSE(S)	DUE TO						
DISEASES OR CO	ONDITIONS, IF ANY,	(B) NOD	ULAR ENT	ARCHMEN	OF PROSTATE			UNKNOWN
STATING UNDER	THE ABOVE CAUSE	DUE TO						
		(C)						
	CANT CONDITIONS COL							
	BUT NOT RELATED TO TO TO THE STATE OF THE ST							
a. DATE OF OF		MAJOR FINDIN	IGS OF OPERATION	ON				20. AUTOPSY?
7/18/5		NEPHRECT			OSTS		1	YES NO
le. ACCIDENT V	WAS UNDERLYING	216. PLACE (Home, farm, facto	ory,	It. WHERE DID INJURY OC	CUR? (City or lown)	(County)	(Stete)
	MEDICAL EXAMINER	OF INJURY stra	et, office bldg., e	elc.)				
		(Yaar) (Hour)	21a. INJURY OC	CURRED 1	211. HOW DID INJURY OC	CUR?		
	, , , , , , , , , , , , , , , , , , , ,		While - 1	Not while				
				et work				
2. I hereb	y certify that Aa	ttended the de	eceased from.	June 1	, 1955, to Oc:	tober 29, 19.5	xtkacklast	DIVIDED CHICAGO
					9:00PM, from the			
SHAN ME	BE	1777	10-			DRESS (Street, city, tov		DATE SIGNE
	11/ alle	- de		** *******	FORT HO	WARD MARYLAN	D	70/20/5
MALLAM	B. VANDEGRI	E THEREOF	1 NAME O	M. D.V H.T	ERANS ADMINIS	STRATION HOSE	TAL	10/30/5 ⁵
3. BURIAL, CRE REMOVAL (S		E IMEREOF	NAME O	F CEMETERT OR	CKEMATOKY	LOCATION (City, tow	n, or county)	(Steta)
Buria		1/2/55	Brig	tol Remo	town	Bristol	Pennsyl	lvania
4. REC'D BY RE	GISTRAR REG	STRAR'S SIGNAT	URE	dol Delle	25. FUNERAL DIRECTOR	'S SIGNATURE	ADDRI	ESS
451 2	QEE 1	1	14	1	C T Saharah	, 2101 Frede:	rick Ave.	. Balto-
ATE	()	Dusan 1 0	L. dar	heri	G.T. DCHMAD	b STOT LIGHT.	TWOIL MAG	,,

AT STOMETAR-NEARING THE STR. SED STATE CHALLY SAN CERTIFICATE OF DEATH ACUTE MERCHANISTS IN THE ACUTE AND A The Selection of the Se

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1. PLACE OF DEATH:

COUNTY

Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9469	CERTIFICATE	OF	DEATH
- 400	OTHER TOTAL		AN ANTALA A

MARYLAND

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mary Land Baltimore COUNTY CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite STREET (If rural give location)

CITY (If outside corporate limits, write RURAL) LENGTH OF STAY and give nearest town) (in this place) TOWN Granite HOSPITAL OR **ADDRESS** INSTITUTION OR STREET ADDRESS Herndon Road (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) 3. NAME OF DECEASED: Clemmie Mozell Irvin October (Type or Print) DEATH:

, 1955 COLOR OR | 7. SINGLE, MARRIED 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER RACE: WIDOWED, DIVORCED Hours (Specify): Widowed October White Female 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT OA. USUAL OCCUPATION (Give kind of) work done during most of working life, OR INDUSTRY: COUNTRY? even if retired): U.S.A. Home Georgia 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME:

Singelton Branson Ella Moore

17. INFORMANT & ADDRESS: 18. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service)

Mrs. O.B. Smith Herndon Rd. Mary land INTERVAL BETWEEN MEDICAL CERTIFICATION ONSET AND DEATH

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE

DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B)

Wals GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION

218. PLACE (Home, farm, factory.) 21A. ACCIDENT WAS UNDERLYING 21c. WHERE DID (City or town)

OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21F. HOW DID INJURY OCCUR? Not while

at work

1953, to CC 3, 195, that I last saw the deceased 22. I hereby certify that I attended the deceased from IUNE // M, from the causes and on the date stated above. and that death occurred at alive on DATE SIGNED SIGNATURE

M. D.

INJURY OCCUR?

NAME OF CEMETERY OR CREMATORY THEREOF Mountain

LOCATION (City, town, or county)

(County)

20. AUTOPSY? YES

NO

53

(State)

(State)

24. FUNERAL DIRECTOR & LLLLENT Armacost 4600 Liberty + Ellsworth

BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

REGISTRAR'S SIGNATURE

DATE REC'D BY LOCAL REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH

9470

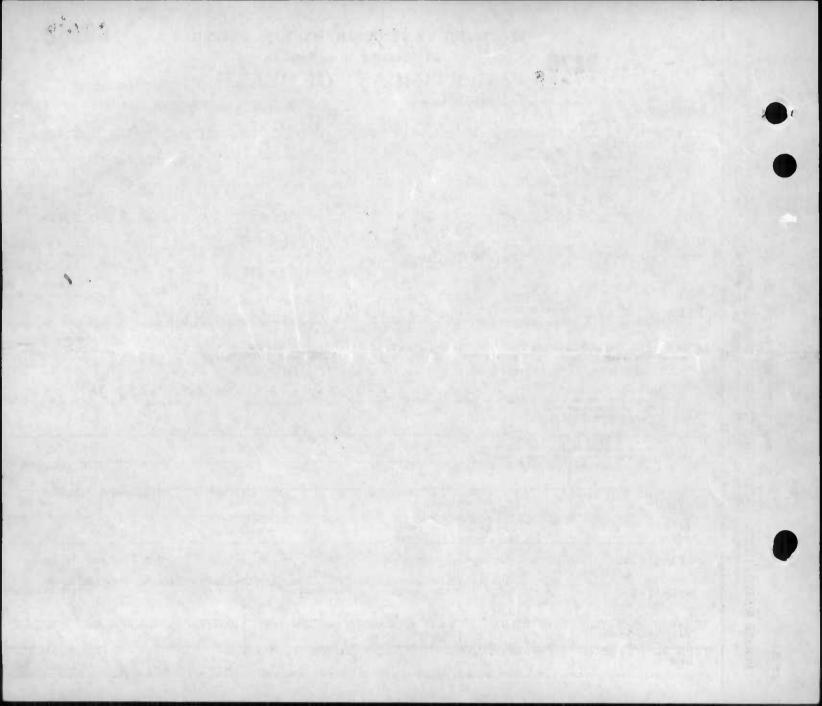
2411 N. Charles Street, Baltimore

	GERTIFICAT	E OF DEA	I'H R	eg. Dist. No	
1. PLACE OF DEATH. COUNTY Dalto.		2. USUAL RESIDENCE	(HOME) OF DECE		
CITY (If outside corporate limits, write RURA	MARYLAND L and LENGTH OF STAY	M Q	and Marita mails DV	BALTO.	
K TOWN GIEN ARM	(in this place)		ARM		t town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GEN ARI	n. MD	STREET ADDRESS	(If rural, gi	ve location)	1
3. NAME OF DECEASED (Type or Print) GLENIOUS	(Middle)	ACKSON	4. DATE OF DEATH	(Month) (Day)	(Year
6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH	9. AGE last birthe	lay If under 1 year Months Days	If under 24 h
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10h. KIND OF BUSINESS OF	11. BIRTHPLACE (State		I2. CITIZE	ON OF WHA
13. FATHER'S NAME,	COMIMACTORS	14. MOTHER'S MAIDE	N NAME	10,51	7
CATHED CACKSON		ESTHER (JA-KSON		
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of	16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS		
IV () service)	1618023616	HNNA JACKSO	N- GEN	ARM, M	
T DISPLANTS OF COMPUNIOUS PIRACELY	18. MEDICAL CE	RTIFICATION		INTER	AL BETWEE
I. DISEASES OR CONDITIONS DIRECTLY	EADING TO DEATH	by Jarox	. 101	ONSET	AND DEAT
Immediate cause (a)	gronary	March	pH	U	14-en
Antecedent cause(s) Diseases or conditions, if any, (b)	Lyperteries	is Carde	ovaseu	las Dis	11 Arc
giving rise to the above cause stating the underlying cause last					1010-
(c)					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Pronehu	al Wolh	ua	15	45.
19a. DATE OF OPERATION 19h. MAJOR FI				20. A	TOPSY?
				Yes	O No
SUICIDE OF INJUI		(CITY OR		(COUNTY) (S	TATE)
	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?		
on I have be seriffe that I attended the	donners from Hlasch	8, 1934, toOct.	8 1055 11	A T 2 A // A	
22. I hereby certify that I attended the		110	, 19, tr	at I last saw the	deceased
signaturis 19 , and	that death occurred at	ADDRESS from th	e causes and on	the date stated ab	ove.
Albord F. Th	udson Ju	D. Fork	ma.	10/9	55°
23. BURIAL/CREMATION DATE THEREO. REMOVALUSPICITY)	NAME OF CEMETE	RY OR CREMATORY	LUNCRE	1 201	(State)
	IGNATURE	24. FUNERAL DIRECT			RESS
100. 70 70 501		MTan).L.MU	1 A.Y, JY. 17	010/12/0	llok St
			BA	CTO. MI	

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The correct age

VS. A15



CERTIFICATE OF DEATH

eg. Dist. No.



	2261	CENTIFICALI	E OF DEAT	111 K	teg. Dist. No.	
1. PLACE OF DEATH COUNTY	H. Baltimore	MARYLAND	2. USUAL RESIDENCE Mary	(HOME) OF DECI	EASED. COUNTY	Baltimore
CITY (If outside cook or give nearest TOWN	orporate limits, write RURA town) Parkville	AL and LENGTH OF STAY	IOWN	cville		nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE		t Avenue	STREET ADDRESS 283	L Summitt A		
3. NAME OF DECEASED (Type or Print)	frs. (First)	E. Jager	(Last)	4. DATE OF DEATH		(Day) (Year) er 19th 1955
female	white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	oct. 10, 1886	69	yrs. Months.	Days If under 24 hrs. Days Hours Min.
done during most of w	ATION (Give kind of work vorking life, even if retired)	INDUSTRY at home	Baltimore, Mai	ryland	12.	CITIZEN OF WHAT
13. FATHER'S NAM	Eckha		Frances Higg:	ins		
15. Was Decrased E (Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If year, give war or dates of gervice)	? 16. SOCIAL SECURITY No.	Mr. George Cl	aybaugh, 26	10 Everg	reen Ave#14
434.3 Immediat Antecedel Diseases or giving rise to stating the y	eonditions, if any, (b) the above cause underlying cause last (c)(c)	LEADING TO DEATH PALLUMO Cordiac	nelis Eddebilil	alion	ani - C- al	INTERVAL BETWEEN ONSET AND DEATH GOOGLE
Conditions contrib	uting to the death but not use or condition causing deat	th. FINDINGS OF OPERATION	Nove ()	a duit is	- Carcon	20. AUTOPSYT
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU			R TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work 4	HOW DID INJURY	1		
22. I hereby cert alive on SIGNATURE 23. BURIAL, CREM REMOVAL (Spe DUITAL) DATE REC'D EX	AATION DATE Oct. 22,	nd that death occurred at (Degree or title) NAME OF CEMETE 1955 Moreland	ery or crematory lem Park 1 24. FUNERAL DIRECT	LOCATION (City Baltimo)	the date standard, town, or countre, Mary	ated above. DATE SIGNED Sy) (State) ADDRESS
BEC. S	3	W Hedric	Leonard J. Ru	ick, 5305 Ha	arford Ro	pad #14

Dr. Kasik 9005 Harford Road NO 5 8692

8:30 TO 9:30

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9472	CERTIFICATE	OF	DEATE
0986	CERTIFICATE	OL	DUALL

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED Balto. Md. COUNTY MARYLAND COUNTY CITY (If outside corporate limits, write RURAL) CITY(If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY and give nearest town) (in this place) TOWN Lutherville TOWN Balto. HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS College Manor STREET ADDRESS 603 Murdock Rd. 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED JOHN COVING TON JETT (Type or Print) Oct. DEATH: 19 5. SEX: B. DATE OF BIRTH: 6. COLOR OR | 7. SINGLE, MARRIED 9. AGE last birthday IF UNDER I VEAR WIDOWED, DIVORCED, RACE: July 1, (Specify): Widowed 1865 IOA. USUAL OCCUPATION (Give kind of | IOB. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY: even if retired): rtd Gen. Agtl. Fire Insurance Virginia 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME Robert E.Jett Sarah A. Covington 17. INFORMANT & ADDRESS: IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates Mr. Ewell K. Jett - 4546 N. Charles St. of service) none 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO SEATH ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE (Home, farm, factory. 21A. ACCIDENT WAS UNDERLYING (County) 21c. WHERE DID (City or town) (State) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work at work and, 1955, to Olif 19, 1955, that I last saw the deceased 22. I hereby certify that I attended the deceased from alive on Cutolin 18, 1955, and that death occurred at 4 AM, from the causes and on the date stated above. SIGNATURE DATE SIGNED 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY) Burial Druid Ridge Cem FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

WE SHE SUIT VEELS

ADDRESS

Towson, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9/72

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	STATE MATY AND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest t
OR and give nearest town) (in this place)	OP -
X TOWN Lutherville 3 yrs.	TOWN 500 Bosley Avenue 55
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
STREET ADDRESS College Manor	/OWSOM
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: MINNIE JOHNS	OCN OF DEATH: October 28, 19 5
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNGER 1 YEAR IF UNGER 24
Famela White (Specify): Widow Februa	ary 25, 1866 89 yrs. Months Days Hours 1
Female White (Specify): Widow February February Widow February	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF W
work done during most of working life, OR INDUSTRY:	COUNTRY?
even if retired): Housewife Own Home	Salamanca, N.Y. USA
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME;
William T. Fish	Mary Jeanette Brace
WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
Yes no or unk.) (If Yes give war or dates	II D
No of service) None None	Hospital Records
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPS
	YES NO
21A. ACCIOENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of the contributing 21B. PLACE (Home, farm, factor of the contribution) 21B. PLACE (Home, farm, farm, farm) 21B. PLACE (Home, farm) 21B. PLACE (Home, farm) 21B. PLACE (Home	ctory. 21c. WHERE DID (City or town) (County) (State INJURY OCCUR?
TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE	21F. HOW DID INJURY OCCUR?
OF INJURY M. While at work at work	
/	10/00
	, 1957, to 10/28, 1954, that I last saw the dece
2 I hereby certify that I attended the deceased from	122 36 6 12 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14
alive on, 1955, and that death occurred at	ADDRESS DATE SIGNED
alive on 9/16, 1955, and that death occurred at	1. D. 17W. Perma, ave. Town and ?
alive on 1/6, 1955, and that death occurred at signature haddens (Scientific)	ADDRESS DATE SIGNED
alive on 1/6, 1955, and that death occurred at Signature **Representation, Date Thereof NAME OF CEMENT BENDOVAL (SPECIFY)	1. D. 17 W. Perma, ave. Town and .

MARGIN RESERVED FOR BINDIN 10 - 53

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Supply every item of information carefully.

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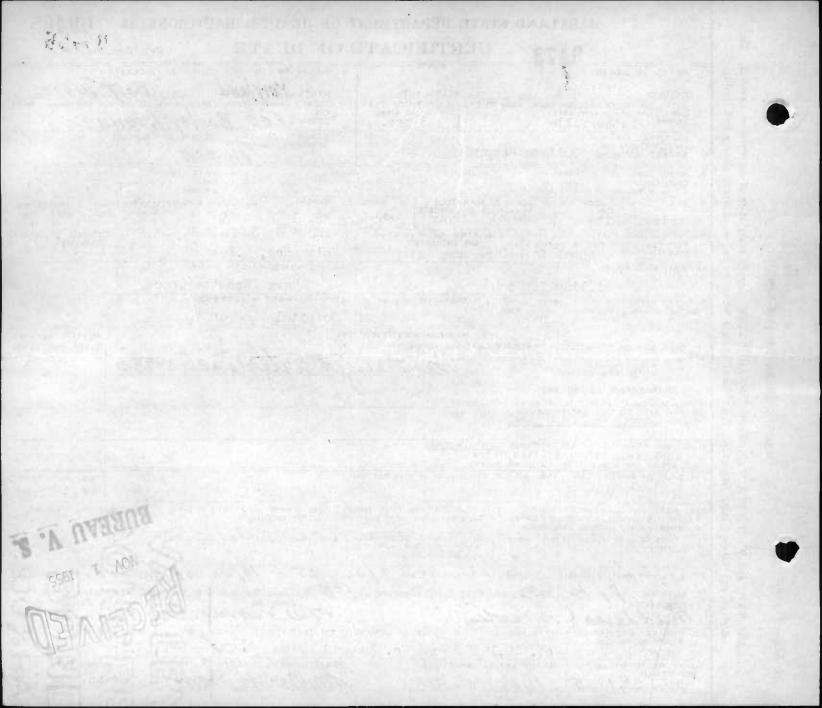
OR WRITE PLAINLY, WITH

PLEASE TYPE

DATE REC'D BY LOCAL REGISTRAR Oct. 29,1955

REGISTRAR'S SIGNATURE

S. A15 -- 10 - 5



9474

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
BO 170 MARYLAND	STATE A A Balto	
CITY (If outside corporate limits, write RURAL and LENGTH OF STA	Y CITY (If outside corporate limits, write RURAL and give nearest to	(ri ve
OR give nearest town) OR (in this place)	TOWN Balto 14	~
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR 2 / 3 / A /	ADDRESS 3 1 3	1
STREET ADDRESS 3/36 ACTON Rd	" 3136- ACT ON Rd	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day)	(Yea
(Type or Print) I I I I I I G	JOINS DEATH ONL 5	19
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year (If un	der 24
Fenale White WIDOWED, DIVORCED	1 Sept 15-1909 46 yrm, Months Days Hou	iru M
10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business o	B 11/BIRTHPLACE (State or foreign country) 12. CITIZEN O	P WH
done during most of working life, even if retired) INDUSTRY	COUNTRY?	. 1771
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-
1 101 1	/ L	
Joseph, Freyler	TerMina Stumpfel	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no cor unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
12/5-01-142	8 M. VerNON. W. Joine ~ 3136 Acton	Rd
18. MEDICAL	CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL 1	
1/1/2	ONSUT AND	DEA
Immediate cause (a) / huplined a	orlie aneurum - Hka	241
Inimediate cause		
Antecedent cause(s)	ortie anemysme 4 la lesiare 6-7 ye	0
Diseases or conditions, if any, (b)	c teau ousease 6 y	an
stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	L BA ATTEN	TOGRES
	20. AUTO	PSYI
OF ACCUMPANT OF 25) A DIAGRAM	Yes 🖸	No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stree OF office bidg., etc.) INJURY	t, (CITY OR TOWN) (COUNTY) (STAT	re)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
22. I hereby certify that I attended the deceased from No	1954 to OCT 5 1958 that I last sow the de-	
alive on 19.33, and that death occurred at	ADDRESS m., from the causes and on the date stated above	
SIGNATURE (Degree or title)	ADDRESS PATE SI	GNE
Shings H. Kulrus	B3AE North Aug Oct 5.19	200
		とソフ
DEWALOVAI (Consider)	TERY OR CREMATORY LOCATION (City, town, or county) (S	State)
REMOVAL (Specify) 10/8/50 Panky		State)
	1000 Cen Balla 2	,
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE .	24. FUNERAL DIRECTOR ADDRES	/
		3

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVED FOR BINDING

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9475 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1	20	O'	D	ist	

MEDICAL EXAMINER'S CERTI	INICATE OF	' DEATH
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I. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:						
COUNTY Baltimore	and COUNTY							
CITY (If outside corporate limits, write RU OR and give nearest town) TOWN Catonsville	RAL LENGTII OF STAY (in this place) 5yr.3mos.23d	OR		ite RURAL	and give neare			
HOSPITAL OR INSTITUTION OR STREET ADDRESSPRING Grove St		STREET		give location	n)	V		
3. NAME OF (First) DECEASED: (Type or Print) MOTTIS	(Middle)	(Last) lichman	4. DATE () OF DEATH OC	,	Day) (Year)	55		
RACE: WIDO			. AGE last birthds					
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None	10b. KIND OF BUSINESS O	Russia	(State or foreign	country):	12. CITIZEN COUNTRY Unknown	7 /		
13. FATHER'S NAME:		14. MOTHER'S MAIL	DEN NAME:					
Jacob Kalichman		Mary Mada	3					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	16. SOCIAL SECURITY No.:	17. INFORMANT & A						
Unknown service)	Unknown	Records Sprin	g Grove St	ate Hos	oital			
Immediate cause (a) DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause of the above cause last (c) IL OTHER SIGNIFICANT CONDITIONS CON	Coronary Arter	iosclerosis						
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEA	TO THE							
19a. DATE OF OPERATION: 19b. MAJOR 1	FINDING OF OPERATION:				20. AUT	OPSY?		
PRIMARY or CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factors OF street, office bldg., etc INJURY			unty)	(State)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at Not while work □ at work □	21f. HOW DID IN	JURY OCCUR?					
22. I hereby certify that I took charge find that death resulted from: N SIGNATURE	atural causes , Acci	dent [], Suicide [CHIEF DEPUT		Unde	termined c			
23. BERIAL, CREMATION, PAJE THERE MOVAL (Specify): DATE REC'D BY LOCAL REGISTRAR'S REG.	The Ca	BY OR CREMATORY LUCC 24. FUNERAL DIR	LOCATION	alto	14	RESS		
10-7-55 2000	Dir.	Joen Leve	(NO 210	004	Low /	0		

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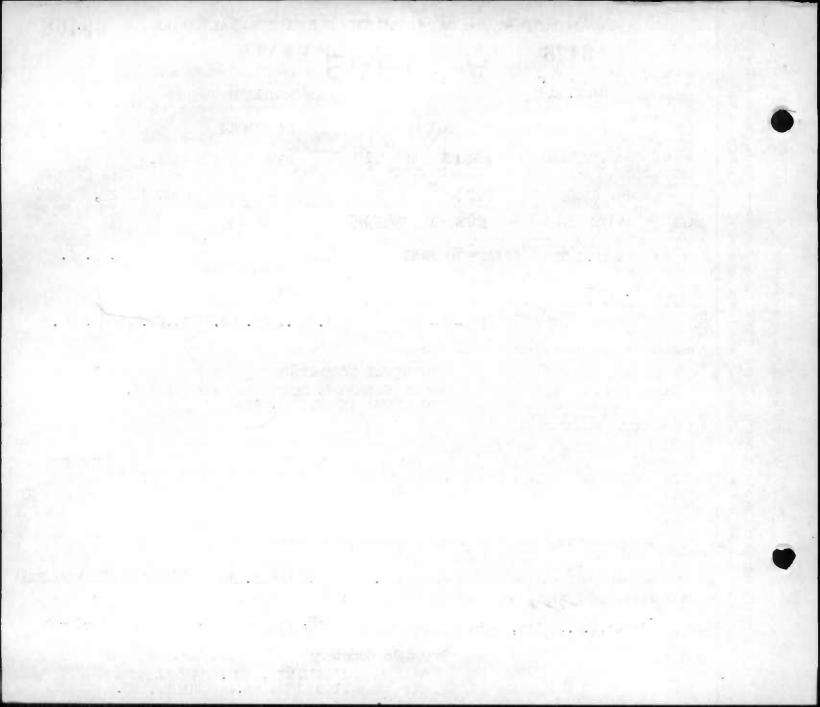
PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

09468 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

			- (
Reg.	Dist.	No.	

9478 CERTIFICAT	E OF DEAT	CH R	leg. Dist.	No.	erery t == +
1. PLACE OF DEATH:	2. USUAL RESIDE	NCE (HOME) OF	DECEASED	:	
COUNTY BALTIMORE MARYLAND	STATE MARY	LAND COUNTY			
CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this place) TOWN FORT HOWARD 80 DAYS	CITY(If outside of OR TOWN BALT	corporate limits, write		3 VO / -#	
HOSPITAL OR SINSTITUTION OR STREET ADDRESSETERANS ADMINISTRATION HOSPIT	STREET	(If rural give	e location)		
S. NAME OF (First) (Middle) DECEASED: (Type or Print) JACOB (NMT) KATZ	(Last)	4. DATE (Mon	POBER 2	(Year) (Year)	
MALE WHITE WIDOWED DIVORCED 5/15/	95	60 yrs.	Months Da	ays Hours	Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT 10B. KIND OF BUSINESS OR INDUSTRY: READY TO WEAR	RUSSIA	State or foreign count	1 6	S. A.	/HAT
13. FATHER'S NAME:	14. MOTHER'S MA	IDEN NAME:			
PHILLIP W. KATZ	FANNIE MN: U	NKNOWN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT 8	ADDRESS:			
YES no, or unk.) (If Yes, give war or dates of service) WW I 215-10-8186	CLIN.REC., VE	T.ADM.HOSP.,	T.HOWA	RD, MD.	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	L INFARCTION LEROTIC CARDIO L INFARCTION,		EASE,	1 HOUR	EATH
IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. DIABETES N	ÆLLITUS			UNKNOWN	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N			20. AUTOPS	SY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of the contributing 21B. PLACE (Home, farm, factor of the contribution of the contribu	etory, 21c. WHERE D		(County	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work					
22. I hereby certify that I attended the deceased from AUG.	1, 19.55, to OC	T20., 1955M	a EXIXIX (EX	Gaxe Checker	a/6/40
XIVAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ADDRESS		DAT	E SIGNED	
G. TANKUI	M. D. VAH, FORT	HOWARD, MAR	YLAND	10-20-55	
REMOVAL (SPECIFY)	tery or crematory Cemetery	ROSEDALE,			State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR		INC. FUNERA	L HOME	ADDRESS	



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

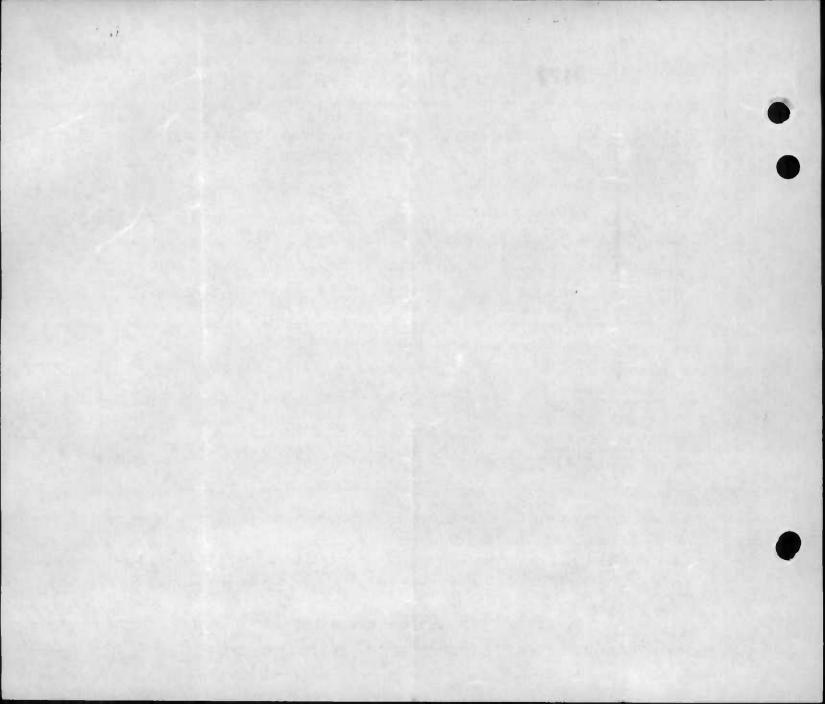
2411 N. Charles Stree

CERTIFICATE OF DEATH

09469

	Reg. Dist. No
I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY BOLTIMORE MARYLAND	STATE MOVY ON O COUNTY BOH
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) Whitemarsh, Md. (in this place)	TOWN Rural - Whitemarsh Md
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR Ebenezer - Red Livin Rds.	ADDRESS Ebenezer + Red Lion Rds
3. NAME OF (First), (Middle)	
DECEASED (Type or Print) //()/Q ()/e Ke	H. la.
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED	1 c Transfer or pensis
WIDOWED, DIVORCED,	9. AGE last hirthday If under 1 year If under 24 hrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11./BIRTHPLACE (State or foreign country) / 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY / //	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAKOEN NAME
John E. George	0 + 1 01 +1
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	1 Geyly de Chenowell 17 INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of None	
196116	Charles J. Keithley
· 18. MEDICAL CE	RIFFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
400.1 0021 NO21	11 /2 /2 Yet ON 5 min
Immediate cause (a)	9 6 14 10 10 10 10 10 10 10 10 10 10 10 10 10
Antecedent cause(s)	TITE (MH DUTTON OULD DEC
Diseases or conditions, if any, (b) giving rise to the above cause	V 200 000 000 000 000 000 000 000 000 00
stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	el () xua i una x Sel / 711.
related to the disease or condition causing death.	15 CayelNoma Stomach 34x
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No d
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from 3/3	1047, Opt 18 1045, 11
22. I hereby termy that I attended the deceased from A.	1947, to Oct. 18, 1955, that I last saw the deceased
talive on, 19 and that death occurred at o.	
SIGNATURA (Degree or title)	ADDRESS DATE SIGNED
the Roya to Hunny M.	N: From Md 18/18/00
E3. RURIAN CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
REGOVAL, (Specify)	RY OR CREMATORY LOGATION (City, town, or county) (State)
DATE RECID BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG.	24. FUNERAL DIRECTOR ADDRESS
10/3/ SII'N TO COLLEGE	russum inneral mome-year Delair Kd

VS. A15



1	20.	AUTOPSY?
1		
-1		
1		
-1		
_		

(Year)

COUNTRY?

1955

INTERVAL BETWEEN

ONSET AND DEATH

(Month)

Months

Davs

Yes No M (State) (County) 21f. HOW DID INJURY OCCUR? Maryland Speeding auto - out of control 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from: Natural causes | Accident | Suicide | Homicide | Undetermined cause | . CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. SIGNATURE 23 BURIAL, CREMATION, REMOVAL (Specify): MI OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF (Specify) : 0 E 5-MEI REGISTRAR'S SIGNATURE ADDRESS DATE REC'D BY

RITI is e M Se 9 5

ALCOHOLD . The Same of the Sa White you to time a new a memory and

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

Reg. Dist. No. 33...

I. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	_ ^
MARYLAND MARYLAND	Markey Bott	more
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give TOWN	re nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	1
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) RANK	KINO OF DEATH October	19 1953
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) THE COLOR OF THE COLOR	8. DATE OF BIRTH 9. AGE last birthday If under Months.	1 year If under 24 hr Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Dont Know	Dont Know	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS Balt. County welfare Board, I	Towson
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Λ. Λ	ONSET AND DEATH
Immediate cause (a) Uterusslerson	2 generalized	2 years
Antecedent cause(s)		
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
	- SC Atia -	
22. I hereby certify that I attended the deceased from	19.2, to 000 17, 19.32, that I last s	aw the deceased
alive on Sct 17 , 195 , and that death occurred at	. oo A.m., from the causes and on the date st	ated shove
aliye on 1987, and that death occurred at	ADDRESS	DATE SIGNED
Margares & M Welliams M. N.	Testeratour att	119 1955
23. BURIAL, CREMATION DATE NAME OF CEMETE	RY OR-CREMATORY LOCATION (City, town, or count	y) / (State)
REMOVAL (Specify) Oct 2/19551 Deve Pa	rk Reisterstown	md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR	ADDRESS
10-21-55 1 ary 13. 21 we	Jum. Berryman & Sona. Perste	is hown

BUREAU V. S.

S201 25 TOO

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State of Contact of the Contact of t

9480 CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH- COUNTY 3147- MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- COUNT	BALTO.
CITY (II outside corporate limits, write RURAL and CENGTH OF OR give nearest town) NSVILLE (in this pink TOWN	OR TOWN OATONSVILLE	rive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS YYOU OLD FREDERICK R.	STREET (If rural, give location) ADDRESS > 0 0 0 L D FREDERIC	
3. NAME OF (First) (Middle) DECEASED (Type nr Print) CARL HENRY	(Last) KINZEL 4. DATE (Month) OF DEATH OCT.	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIE WIDOWED, DIVOR (Specify)	RCED. Siel 15, 1886 69 yrs. Month	s. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14 1611 TENSION OF RATORIZET GREGEELEC.	ESS OR II. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME CHRISTIAN KINZEL	MINNIE BOCKMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	No. 17. INFORMANT AND ADDRESS MA. Call H. Kanjel-2 200 Old 2	red. al.
	ICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
port of the state	ECTASIS BRONCHITIS.	2.5× rs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	S WITH JAUNDICE	1 MO
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERA	ATION	20. AUTOPSY?
0 10	CONTRACT TO THE PARTY OF THE PA	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory OF OF Office bldg., etc.) NJURY		Y) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	lle rk 🗆	
22. I hereby certify that I attended the deceased from	m_6, 1953, to Oat 3, 1955, that I last	saw the deceased
alive on 19.53 and that death occurr SIGNATURY	red at 6 15. Am., from the causes and on the date	DATE SIGNED
	CEMETER OR CREMATORY LOCATION (City, town, or co	mel.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

A V UASAU8

2411 N. Charles Street, Baltimore

09473

9481

CERTIFICATE OF DEATH

eg. Dist. No. 30

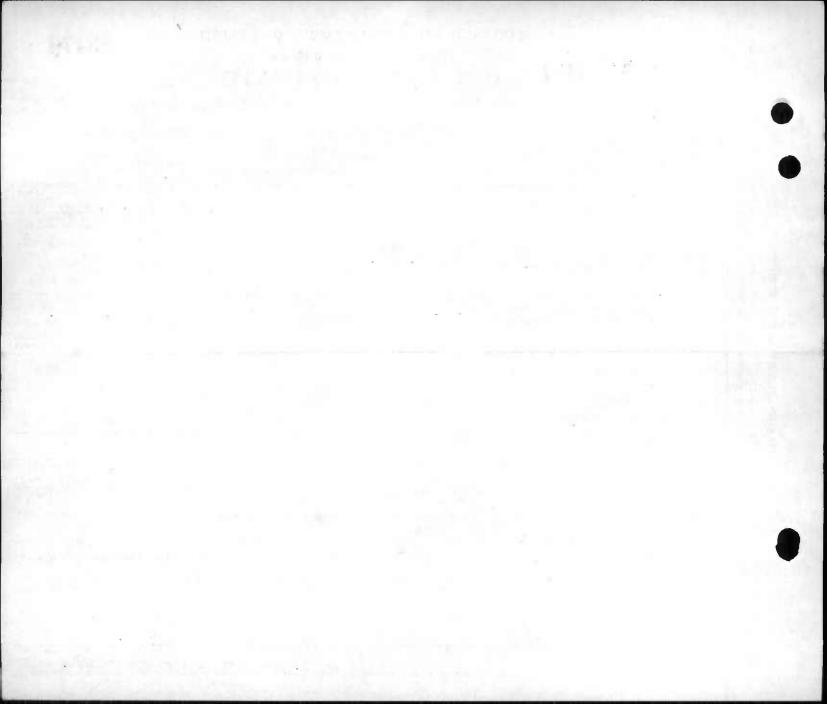
I. PLACE OF DEATH- COUNTY Beltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED Maryland	DUNTY
CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and CITY (In this place)	CITY (If outside corporate limits, write RURAL and COR Baltimore	and give nearest town)
HOSPITAL OR INSTITUTION OR RIDGEWOOD Manor	STREET (If rural, give locat ADDRESS 3407 Milford Ave.	lon)
3. NAME OF (First) (Middle) DECEASED (Type or Print) Henry Klauti	(Last) 4. DATE (Mont)	h) (Day) (Year) t.11, 1955 19
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M	8. DATE OF BIRTH 9. AGE last birthday II M	under i year II under 24 hrs onths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ACTIFED Cabnet Maker 10b. Kind of Business on Industry Ludwig Cab. Mak.	11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown	
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of No. 212.01.5608-4	17. INFORMANT Hannah Klauti 3497 Milford	Ave. Balto.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 450.0 Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS	Clerapis (General)	ONSET AND DEATE
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	, , , ,	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COU	Yes No No (STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. While at Not While Work At work	HOW DID INJURY OCCUR?	
alive on	45 09 Storty Leight a	DATE SIGNED O - 12 - 56 r county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

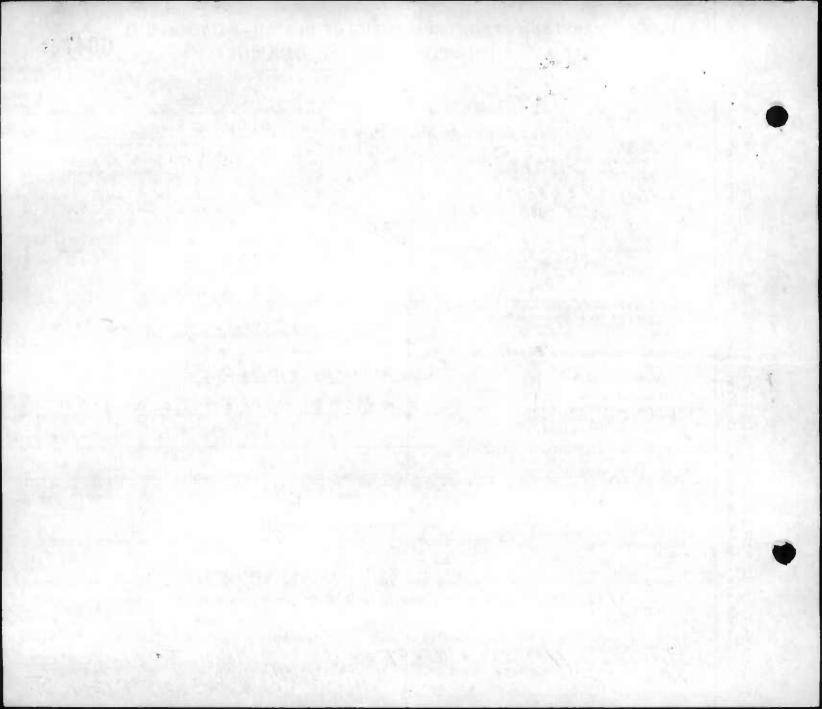
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VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE	, 18
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MARIDAND STATE DELARIMENT OF MEADIN-DADINGCE, 10	00484
9482 CERTIFICATE OF DEATH Reg. Dist	U9464
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Ballymore MARYLAND STATE Md COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY) CITY(If outside corporate limits, write RURAL)	and give nearest town)
OR and give nearest town) (in this place) OR D 11	214
	3101-4
HOSPITAL OR INSTITUTION OR Street ADDRESS STREET ADDRESS LESS Hillon	
	Day) (Year)
OECEASED: TREVERICK JUSTICE KOCHLER OF DEATH: 10	29 19 55-
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED 8. DATE OF BIRTH: 9. AGE last birthdsy 17 UNDER 1	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
work done during most of working life, even if retired): Unknown	COUNTRY?
13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
WILLIAM KOCHLER MARY MILLER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? IS. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) LULP KOCHLER - 223	5. Hilton St
, 18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) CAYCLIAC FAILURE	10/28/1-1-
DUE TO	
DISEASES OR CONDITIONS, IF ANY. (B) ADVANCED ARTERIOSCLERIS	11 12
GIVING RISE TO THE ABOVE CAUSE DUE TO	4
STATING UNDERLYING CAUSE LAST.	10101
(C)	10/29/55
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
100 X hards white white X and all the largest from 2 de W 10/13 to 10/24 10/14 when X large	Ab
22. I hereby certify that I attended the deceased from July 1, 19 3, to 10/27, 19 5, that I last	
alive on 10/29, 19.53, and that death occurred at 5 9. M, from the causes and on the date	stated above.
Signature State Wacheler Sparing From State Hopp. DA	TE SIGNED /0/25/57-
m. b.	1 -1 -3
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or	County) (State)
BuriAL 19.1.55 Western 1976TO,	rangland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	ADDRES!
1773/153 61.11 New W - (00 H MC 12175)	1 my 01-
	A. T.



Reg. Dist. No.

1. PLACE OF DEATH:		2. USUAL RESIDI	ENCE (HOME) OF DECEA	SED:
COUNTY Baltimore	MARYLAND	STATE Mary	and county	
CITY (if outside corporate limits, write	RURAL LENGTH OF STAY	CITY(if outside	corporate limits, write RURA	L and give nearest town
52 OR and give nearest town) Catonsville	(in this place)	OR _	imore	0
HOSPITAL OR	Tyr3mos12days	STREET		3401-4
INSTITUTION OR	State Weenstan	ADDRESS 16	Maempel Lane	ony
14 STREET ADDRESS Spring Grove	The state of the s	- 111	on/Institute	V
3. NAME OF (First) DECEASED:	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) John	The state of the s	hner	DEATH: Octob	er 12, 19 55
5. SEX: 6. COLOR OR 7. SINGLE	THE DIVIORANT		9. AGE last birthday IF UNDER	
Male RAWhite Specify	Married May	4, 1872	83 yrs. Months	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 1		II. BIRTHPLACE (State or foreign country): 1	2. CITIZEN OF WHA
work done during most of working life, even if retired): Shoemaker	OR INDUSTRY:	Germany		Unknown V
13. FATHER'S NAME:		14. MOTHER'S M.		OTTICITOMET
Jhon B. Lahner		Margaret	Lahner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES!	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Ilnknown	Passada Sa	ring Grove State	Heanthal
Unknown	18. MEDICAL CERTIFICAT		tering avove - care	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY				ONSET AND DEATH
446X				Approx.
IMMEDIATE CAUSE	(A) Uremia			2 weeks
ANTECEDENT CAUSE (8)	DUE TO	21 - 22 DEC 10		c weeks
DISEASES OR CONDITIONS, IF ANY,	(B) Arteriosc	lerotic nephr	rosclerosis	Years
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO			
STATING ONDERETING CAUSE LAST.	(c) Generaliz	ed arteriosc]	amosi s	Years
II OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING	ed at verious.	erosts	-6479
TO THE DEATH BUT NOT RELATED TO	THE			
DISEASE OR CONDITION CAUSING I				
TSA. DATE OF OTERATION.	FINDINGS OF OPERATION			20. AUTOPSY?
				YES NO
21A. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	18. PLACE (Home, farm, fact OF INJURY street, office bldg.,			ounty) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work at work	21F. HOW DID I	NJURY OCCUR?	
22. I hereby certify that I attended to				

PLAINLY WRITE PLEASE TYPE OR A15

MARGIN RESERVED FOR BINDING

please write the causes

important. Physicians:

especially

age

correct

INK.

UNFADING

SIGNATURE

SCNOOL! 295GREEN OFMMEDICAL

SIGNATURE

ADDRESS 1800 E LOMBARD ST

(State)

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SUREAU V. S.

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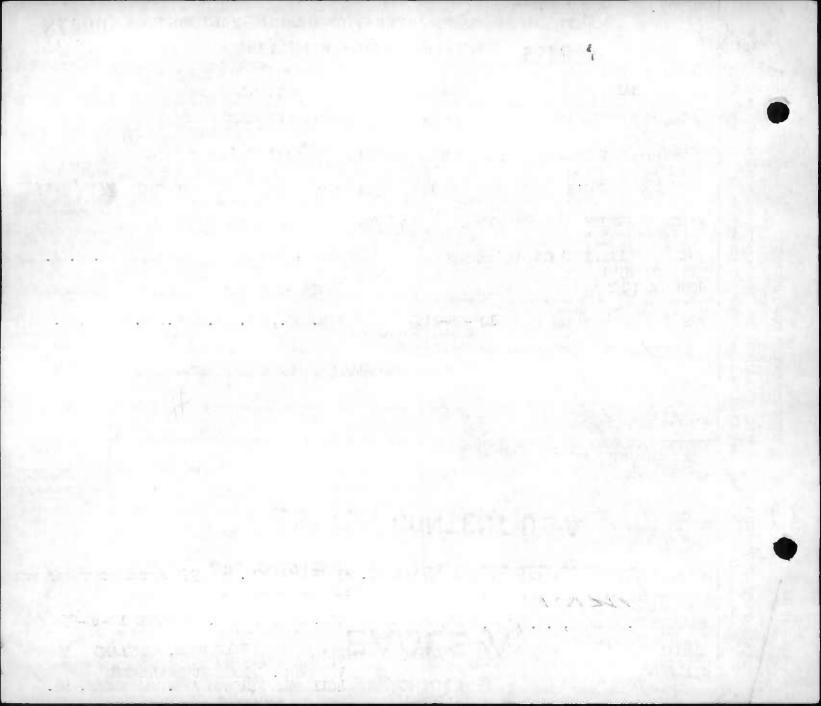
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	PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.
	item
51	every
BINDIN	Supply
FOR	INK.
MARGIN RESERVED FOR BINDING	UNFADING
ARGIN	WITH
M	PLAINLY,
ر ا	WRITE
	OR
	TYPE
	PLEASE

MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	09477
9484 CERTIFICATI	E OF DEATH Reg. Dist	. No. 30
1. PLACE OF DEATH: COUNTY Baltimore MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) 52 TOWN Catonsville HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Baltimore MARYLAND	STATE Marylandounty	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	ind give nesrest town)
52 TOWN Catonsville 7 days	TOWN Baltimore	3V01-4
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET (If rural give location) ADDRESS 842 Wildwood Parkw	I
		Dhy) (Year)
DECEASED: (Type or Print) Harry P. Lambre	OS DEATH: October	20, 1955
Male White Specify Married 1-1	O-1887 9. AGE last birthday If UNDER 17 Months I	Days Hours Min.
NOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant cook	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Peter Lambros	Diana Kaludis	
(Yes, no, or unk.) (If Yes, give war or dates of service) (In the service) (In the service) (In the service) (In the service)	Records Spring Grove State	Hospital
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
DUE TO	thrombosis	7 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	lerotic cardiovascular disease	Years
(c) Residual	hemiplegia	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic	arthritis	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. TIME (Month) (Day) (Year) (Hour) 21e INJURY OCCURRED While Not while Not while Control of the co	ctory, 21c. WHERE DID (City or town) (Count NJURY OCCUR?	ty) (State)
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-11	1- , 1955 , to 10-20- , 19.55 that I last	saw the deceased
alive on 10-20, 19.55, and that death occurred at SIGNATURE	11 A. M, from the causes and on the date	stated above.
S. Wachsler M	Spring Grove State Hospitan	10-20-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	A.D. Catonsville 28. Maryland ERY OR CREMATORY LOCATION (City, town, or thodox Cem. Woodlawn, Md.	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 22. 1955 K.W.	24 FUNERAL PIRECTOR	alti, 7 Wed

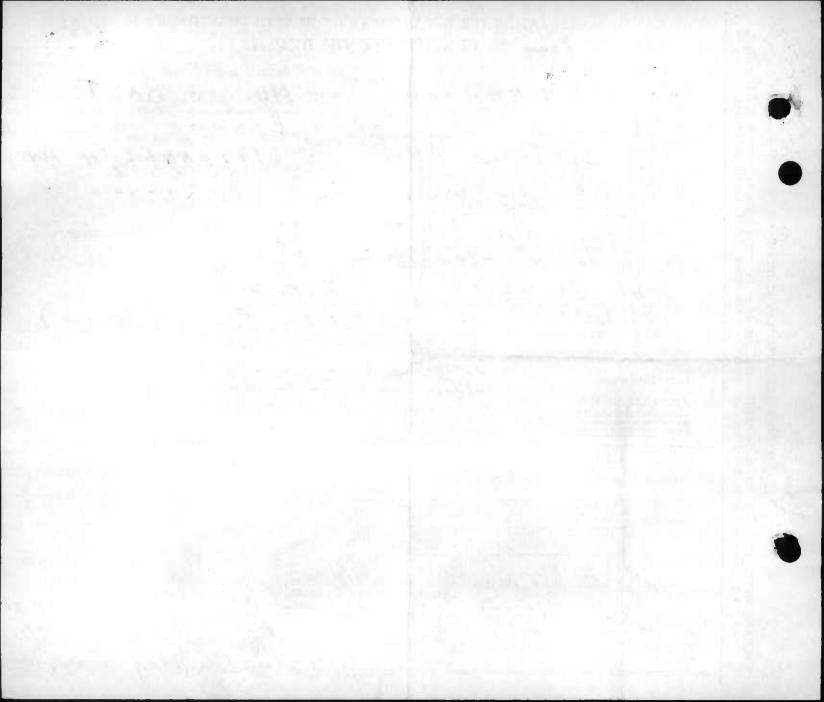
1	4	
	55	
	10	
	A15	

	S5 CERTIFICAT			
1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF DECEASE	D:
COUNTY BALTIMORE	MARYLAND	STATE MARY		
CITY (If outside corporate limit OR and give nearest town) TOWN FORT HOWARD	s, write RURAL LENGTH OF STA (in this place)	OR TOWN BALT	corporate limits, write RURAL a	3V01.4
HOSPITAL OR INSTITUTION OR STREET ADDRESSVETERANS	ADMINISTRATION HOSPI	STREET ADDRESS 5302	(If rural give location) ETHELBERT AVENUE	V
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	luy) (Year)
(Type or Print) EDGAR	(NMI)	LA TART	DEATHOC TOBER	19 1955
	SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED. (Specify) SINGLE 7/9/	E OF BIRTH:	9. AGE last birthday Months I	
OA. USUAL OCCUPATION (Give kir work done during most of working	d of 108. KIND OF BUSINESS life, OR INDUSTRY:	11. BIRTHPLACE	(State or foreign country): 12.	CITIZEN OF WHAT
even if retired MAINTENANCE	E CATERERS	CLAYTON, NE	V YORK	II. S. A.
13. FATHER'S NAME:		14. MOTHER'S M		
JOHN LA TART		LETITIA MC	CARTHY	
IS. WAS DECEASED EVER IN U.S. ARMED		17. INFORMANT	& ADDRESS:	
(Yes, no, or unk.) (If Yes, give war of service)	1.09-05-2165	CLIN REC. T	ET.ADM.HOSP.,FT.HO	WARD.MD.
I DISEASES OR CONDITIONS DE 154 X IMMEDIATE CAUSE ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF A GIVING RISE TO THE ABOVE CA STATING UNDERLYING CAUSE L	(A) ADENOCARCI	NOMA OF RECTUM	WITH METASTASES	9 MONTHS
II OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING			
TO THE DEATH BUT NOT RELA				
19a. DATE OF OPERATION: 19B.	MAJOR FINDINGS OF OPERAT	ION		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	ATH OF INJURY street, office bid	factory, 21c. WHERE INJURY OCCU	DID (City or town) (Coun	ty) (State)
21D. TIME (Month) (Day) (Year) DF INJURY	(Hour) 21E INJURY OCCURE While Not while at work at work		INJURY OCCUR?	
22. I hereby certify that Katte	ended the deceased from SEP	T. 23 1955, to	CT. 9., 1955, theteddae	occophochococ
SIGNATURE / S	and that death occurred	ADDRES	SS DA	TE SIGNED
FRANCIS G. DICKEY M. I 23. BURIAL, CREMATION, DATE REMOVAL (SPECIFY)	1.0 100			
BURLAL //C	//2/33 BALTIMORE		BALTIMORE, MARYL	
DATE REC'D BY LOCAL REG	ISTRAR'S SIGNATURE	VERNON C.	LEMMON FUNERAL HOM	R. ADDITES



3	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 () 9436 CERTIFICATE OF DEATH Reg. Dist.	No
00	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
The oly.	COUNTY Balto MARYLAND STATE Md. COUNT	Y
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) Catonsville (in this place) CITY (If outside corporate limits, write RURAL and OR TOWN Baltimore)	3 VO -1+
6.7	HOSPITAL OR INSTITUTION OR OSTREET ADDRESS Smithwood & Summit Aves. HOSPITAL OR (If rural give location) ADDRESS Smithwood & Summit Aves.	+
information death clearly	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) DECEASED: OF OF DEATH: OC 7 2 4	(Year) 19 5 5
f death	5. SEX: SCOLOR OR RACE: WIDOWED, DIVORCED, Specify): Widowed July 18, 1872 83 yrs. Months Day	
OF	10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife at home Md.	ITIZEN OF WHAT OUNTRY?
causes	13. FATHER'S NAME:	
	Samuel Flaunlacher Sarah Wornitz	
-	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of none none Mrs. Irvin Gordon - 1507 Springe	dale Ave.
Lilysicialis, piease wite	18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 3.3 4 × Immediate cause (a) He hiple qid Right. Due to Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE to (c)	Interval Between Onset And Death
important. Phy	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
1	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY ?
	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF office bldg., etc.) OF OFFI OFFI	Yes No C
LALL J	TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY OCCUR? Work At Work TIME (Month) (Day) (Year) (Hour) INJURY OCCUR? While at Not While Work At Work The state of the st	
age is especially	22. I hereby certify that I attended the deceased from 15.3 19 to 7 to 7 that I last s alive on 20c7 1955, and that death occurred at 1.30 A.M. from the causes and on the date s	tated above. re signed 240 ct.53
	1924/35 a. W. Hearing Jim, y www & som D	woll

A STATE OF S . See contract the contract to the contract to the ----. By the property of the Resemble of the Control of • 115 - • 15 The contract of the second second



BE SECRETARE BEFORE TO THEMPERATED STATE OFFICE SE REASO TO STADELINE and the comment of the state of TRISE TO SEE · CETTE OF COMMENT OF THE COMMENT OF COST 88, 700 CM 88 TROPO 20 FT SC 010 HILLINGS TROPO TO THE WAY IN A CHARLEST CONTRACT TO THE PROPERTY OF THE PRO Hamistan (1986) and the second of the second We tall of Maria late

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10555

CERTIFICATE OF DEATH

0/100

0 % D D			No.	91 101011 1101	***************************************
1. PLACE OF DEATH		2. USUAL RESIDEN	ICE (HOME) OF DE	CEASED	
COUNTY Baltimore	MARYLAND	STATE Maryla	and county		
CITY (If outside corporata limits, writa RURAL OR end give naarest town)	LENGTH OF STAY		rate limits, write RURAL an	d give nacrest tow	m)
X TOWN Fort Howard	(in this plece) 9 Days	TOWN Baltin	more	3	3 401-4
HOSPITAL OR INSTITUTION OR STREET ADDRESSVeterans Administrat	cion Hospital	STREET ADDRESS FORMOR	ly of 1102 h	location)	
3. NAME OF (First) (A	Aiddle)	(Last)	4. DATE (Mont	h) (Dey)	(Yaer)
(Type or Print) JAMES	M. LOUGHE	BOROUGH	DEATHOCT	ober 31	19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIEI RACE WIDOWED, DIV		F BIRTH	9. AGE last birthdey	IF UNDER 1 YEAR	
Male White (Specify) Wide	owed 9/17/7	76	79 yrs.	Months Deys	Hours Min.
10a. USUAL OCCUPATION (Giva kind of work 10b. KIND	OF BUSINESS	11. BIRTHPLACE (State or forei	gn country)	12. CITI	ZEN OF WHAT
2 0 = 1	Paper	Little Rock,	Arkansas		NTRY?
13. FATHER'S NAME	2 000	14. MOTHER'S MAIDEN		1000	
James M. Loughborough		Mary W. Webs	ster		
	SOCIAL SECURITY NO.	17. INFORMANT & A		····	
(Yas, no, or unk.) (If Yas, give wer or detes of service)	ıknown	Clin Rec We	et.Adm.Hosp.	. Et Howa	rd. Md.
	18. MEDICAL CER		o e Auditeriou pe	IN	TERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				OI	NSET AND DEATH
IMMEDIATE CAUSE (A) ARTER		ARDIOVASCULAR	DISEASE		
	ALIZED ARTERI	OSCLEROSIS		UN	KNOWN
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE					
STATING UNDERLYING CAUSE LAST. DUE TO					
	erculosis.chr	onic Pulmonary	.Moderately.	Ad- 1.	Unknown
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING 1 TUD TO THE DEATH BUT NOT RELATED TO THE VANCED IN DISEASE OR CONDITION CAUSING DEATH 3 COMPANY	active (2)Dec	ubitus ulcer,	t.foot & an	kie 3.	L weeks
19e. DATE OF OPERATION 19b. MAJOR FINDINGS C	F OPERATION				20. AUTOPSY?
21- ACCIDENT WAS UNDERLYING TO 1 ONL BLACE (II-		1. WHERE DID IN HIRV O COLU	2 (6)		S NO D
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)	fica bldg., etc.)	16. WHERE DID INJURY OCCUP		(County)	(Steta)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. While M. at wo	Not while	21f. HOW DID INJURY OCCUI	(r		
22. I hereby certify that X attended the decease					
SIGNATURE WILLIAM AND	that death occurred at.		auses and on the di		DATE SIGNED
Milton Ginsberg, M.D., Acting Ch	ief Survival	Service, VAH,	FORT HOWARD		ND 11-1-55
REMOVAL (SPECIFY)					(Siele)
Burial /// 7/24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Baltimore Nat	ional 1 25. FUNERAL DIRECTOR'S	Baltimore,	Marylan	d
n = 1,055 An	1 4 /			11.4-	
DATE WOOD (NEWSON)	L Larler		& Sons Inc.	North APe	nna Ave
	~	Baltimore, M	le		

TO TO * BY BROWN JAS-MYZASH TO THEM THAT FEE STATE CREATER AND CERTIFICATE OF DEATH Branch for an other mostly and papers is Jacobia Horas Salar adiabata maranda 200 The state of the s The state of the s NOW THE A STREET OF THE STREET

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH Reg. Dist. No.... 2. USUAL RESIDENCE (HOME) OF DECEASED; I. PLACE OF DEATH Baltimore Md. Baltimore COUNTY MARYLAND STATE COUNTY LENGTH OF STAY CITY (If outside corporate limits, write RURAL CITY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town)
TOWN Brooklandville, (in this place) 20 yrs. TOWN Brooklandville. TOWN HOSPITAL OR (If rural, give location) STREET INSTITUTION OR ADDRESS Valley Road STREET ADDRESS Valley Road 4. DATE (Month) (Day) (Year) 3. NAME OF (First) (Middle) (Last) DECEASED: OF Oct. 16. T9 55 (Type or Print) Harry Percy Lucas DEATH: 9. AGE last birthday: | IF UNDER I YEAR | IF UNDER 24 HRS 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: RACE: WIDOWED, DIVORCED (Specify): WI COWED Months Davs Hours March 8, 1876 male 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of | COUNTRY? work done during most of working life, INDUSTRY: even if retired): President-General Utilities & Baltimore. Md. 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Operating Co. Annabelle Merryman Harry Pike Lucas Md. 17. INFORMANT & ADDRESS: 15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY NO.: (Yes, no, or unk.)| (If Yes, give war or dates of Mr. Edgar M. Lucas Valley Rd. Brooklandville. service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH Carcinomatosis. Immediate cause DUE TO Antecedent cause(s) Carcinoma of the Colon (b) Diseases or conditions, if any, DUE TO giving rise to the above cause stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not 2 daws related to the disease or condition causing death. Bronchial Pneumonia 20. AUTOPSY? 19s. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: Yes No (COUNTY) (STATE) (CITY OR TOWN) 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE office bldg., etc.) INJURY HOMICIDE HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Not while INJURY work at work 22. I hereby certify that I attended the deceased from ... May 4 ..., 19.55., to Oct 15, 19.55., that I last saw the deceased alive on Oct. 15 , 19.55 , and that death occurred at 3:30 ... A.m., from the causes and on the date stated above. (DEGREE OR TITLE) ADDRESS Pikesville 8, Balto. Co., Md. LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify): Pikesville Md. Buria Druid Ridge 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL

John O. Mitchell & Sons

1900 Eutaw Place

BUREAU V. S.

SEL 88 100

DE AMOSIO

A15-10-53

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	09483	

CERTIFICATE OF DEATH

Reg	Dist.	No	3	7	
	271000	1101		(_

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	STATE Ohio COUNTY Harden
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest t
X TOWN Cockeys will Gmonths	or Town Ada 72x-3
HOSPITAL OR INSTITUTION OR BEAVER Dam Rd	STREET (If rural give location) ADDRESS 13 So. Johnson St
DECEASED: (Type or Print) Elley Maude	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: October 12 195.
Sex: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED DIVORCED (Specify): married 10 Ju	une 1889 66 yrs. Months Days Hours 1
work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF W. COUNTRY? A
13. FATHER'S NAME: Tolky Hull	margaret Withum
(Yes, no, or unk.) (If Yes, give war or dates of service)	Son - Paul Harrod, Cockeysville,
18. MEDICAL CERTIFICATI	THE PART OF THE PA
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND D
153X IMMEDIATE CAUSE (A) Carcu	1 Omabases over 9 mi
ANTECEDENT CAUSE (S)	and Oct 11
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO	ar our re
(c)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPS
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of contributing Cause of Death of Injury street, office bldg., of the contribution of	ory. 21c. WHERE DID (City or town) (County) (State etc. INJURY OCCUR?
DF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Jan	1953, to Cold, 1953, that I last saw the decer
M /	M, from the causes and on the date stated above. ADDRESS DATE SIGNED
Waltu 1. /cees M.	.D. Cockey sirlle 12 Oct 1955
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) OCT. 12. 1956 Chi 185 R	ERY OR CREMATORY LOCATION (City, town, or county) (S AMERAL HOWE LIMA, OHIO
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAPIA LA COMPANION Machae	JA. FUNERAL DIRECTOR ADDRESS ADDRESS

OST TT 1905

respectively. The first interference and such as the second of the first management at the expression of the

BUREAU V. S.

Reg. Dist. No. 3/

3436	o oz szizzz	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Balt	imore
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN (Rural) Woodlawn	CITY(If outside corporate limits, write RURAL a OR TOWN Woodlawn (Rural)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dogwood Road	STREET (If rural give location) Dogwood Road	/
DECEASED:	OF .	Day) (Year) , 23, 1955
Female White Widow Sept.	27, 1874 81 yrs.	ays Hours Min.
OR INDUSTRY: even if retired): Housewife OB. KIND OF BUSINESS OR INDUSTRY: Own Home	II. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
? Hannon	Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service) None	17. INFORMANT & ADDRESS: Woodlawn - Miss Adelaide MacKenzie Dogwood	
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 153 X IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY. (B) ARTHURN	matoris (Large)	ONSET AND DEATH
STATING UNDERLYING CAUSE LAST. (C)	Coscular Aniase	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (Count INJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	2 21F. HOW DID INJURY OCCUR?	
SIGNATURE	M, from the causes and on the date s	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town, or ard Cemetery Ellicott City,	
DATE REC'D BY LOCAL NEGISTRAR'S SIGNATURE	2AD FUNERAL DIRECTOR	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

VS. A15 - 10-

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A STATE LEADER HEREALTH DESCRIPTION AND ADDRESS OF THE PROPERTY OF THE PROPERT

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

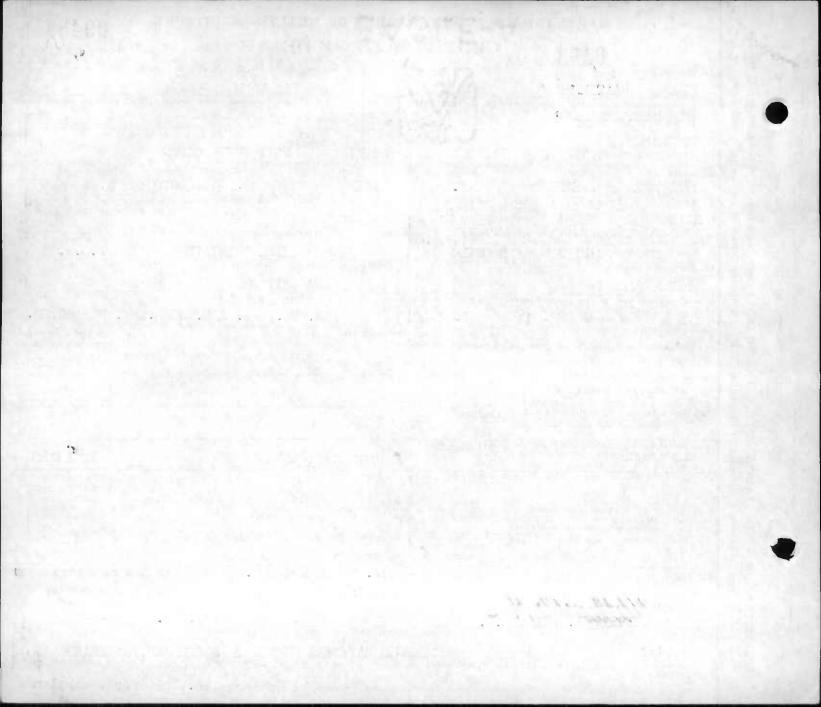
PLEASE TYPE OR

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No.

	CERTIFICATE	OF	DEATH	
0/102	CERTIFICATE	Or	DEATH	

3493			
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED	D:
COUNTY BALTIMORE	MARYLAND	STATE MARYLAND COUNTY	
CITY (If outside corporate limits, write R OR and give nearest town) TOWN FORT HOWARD	URAL LENGTH OF STAY (in this place) 47 days	CITY(If outside corporate limits, write RURAL a OR TOWN BALTIMORE	nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESSVETERANS ADMI	NISTRATION HOSPIT	STREET (If rural give location) AL 2211 DUKER COURT	/
3. NAME OF (First) DECEASED: (Type or Print) JOSEPH	E. MAC	KEY OF DEATH OCTOBER	0ay) (Year) 8, 1955
MALE WHITE (Specify)	MARRIED 2-4	1–97 58 yrs.	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired); SALESMAN	E KIND OF BUSINESS OR INDUSTRY: DOF ING	ri. BIRTHPLACE (State or foreign country): 12. CHURCH HILL, MARYLAND	U.S.A.
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
PETER MACKEY		ANNA USILTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES!	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	**************************************
(Yes, no, or unk) (If Yes, give war or dates of service) WW - 11	218-07-3343	CLIN.REC., VET. ADM. HOSP., FT.	HOWARD, MD.
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY,	CARCINOMA DUE TO	OF LUNG	7 MONTHS
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	OUE TO		
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING D	THE DUTTIMA THE	C HEART DISEASE.	12 YEARS
19a. DATE OF OPERATION: 19B. MAJOR	FINDINGS OF OPERATION	N	20. AUTOPSY?
	B. PLACE (Home, farm, fac INJURY street, office bldg.,	, etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	While Not while at work		
		22, 1955, to Oct. 8 , 1955, that Diag. 2:40 PM, from the causes and on the date	
SIGNATURE / 1	S. M	VAH, Fort Howard, Md.	.0-8-55
23. BURIAL CREMATION, DATE THERE (REMOVAL (SPECIFY) Oct 11,	NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, o	RYLAND
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTOR FUNERAL HOM 1901 Eastern Ave., Baltimor	ADDRESS
			, ,



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

9494

CERTIFICATE OF DEATH

09485

Reg. Dist. No.

1. PLACE OF DEATH-		2. USUAL RESIDENCE	E (HOME) OF DECE	ASED.		
MARYI		Mary Land	Hari	COUNTY		
CITY (If outside corporate limits, write RURAL and LENGTH	OF STAY	CITY (If outside co	rporate limits, write RI	RAL and giv	e nearest to	wn)
OR give nearest town) (in the TOWN)	is place)	Town Hav	re de Grace		2-24	-2
HOSPITAL OR HOUSE of Pines Nursing H		STREET ADDRESS NOT	(If rural, giv	e location)		
STREET ADDRESS	11	ADDRESS NOT	th Stokes St			V
3. NAME OF (First) (Middle)		(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print) JOSEPH G		Mackin	OF DEATH	10	20	1955
5. SEX 6. COLOR/OR RACE 7. SINGEE-MAR	MED,	8. DATE OF BIRTH	9. AGE last birthd	ay If under	1 year If u	nder 24 hr
Malle Middle WIDOWED, DI	VORGED,	6-16-1888	4 7	Months	Days Ho	ure Mln.
A0a. USUAL OCCUPATION (Give kind of work 10b. Kind of B	USINESS OR	11. BIRTHPLACE (St		12	CITIZEN	OP WHAT
done during most of working life, evon if retired) INDUSTRY, 1 E	ngineer			I	COUNTRY?	
13. FATHER'S NAME	1	14. MOTHER'S MAII	DEN NAME			
Joseph Mackin		Mary Crane	9			
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECU	RITY No.	17. INFORMANT AT	ND ADDRESS			
(Yes, no, or unknown) (If yes, give war or dates of service)						
18. N	IEDICAL CER	RTIFICATION				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	ATH				INTERVAL ONSET AN	
4.43X					ONBET AN	D DEATH
Immediate cause (a) // Agricara	ial	ereffice	aco		12	20
	. 1	dis Liscul	/.			
Antecedent cause(s) Diseases or conditions, if any, (b)	an ar	des- Leggel	on Treces	-	10-	21(3)
giving rise to the above cause			Many and the second sec		·	13-/1-
stating the underlying cause last						
II. OTHER SIGNIFICANT CONDITIONS						
Conditions contributing to the death but not						
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OPERATION 19b.	ED ATION				1 00 1 7770	
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPI	ERATION				20. AUT	OPSY?
A A CONTRACTOR OF A STATE OF A ST		(Clymar C	D. Morrott		Yes 🗌	No 🖹
21. ACCIDENT (Specify) PLACE (Home, farm, fac OF office bldg., etc.) INJURY	ctory, street,	(CITY C	OR TOWN)	(COUNTY)	(STA	TE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCUR!	RED While	HOW DID INJURY	OCCUR?			
	work					
22. I hereby certify that I attended the deceased from.	0.710	, 1935, to/2 -	, 19 5, th	at I last s	aw the de	ceased
-11 10 - 19 10 FF - 1 that level		20 0	4h a	de det		
alive on	title)	ADDRESS	tne causes and on t	the date st	ated abov	e.
24/ X4// 25	1	7 .11	-62.1			
Melmon 11. Hallager Pro	J. Ca	honoralle.	28,124		0-200	337
DELLACATE (GIf-)		Y OR CREMATORY	LOCATION (City, t	own, or count	(y)	(State)
REMOVAL (Specify) 10-22-55 Angel	Hill Ce	metery	Havre de Gr	ace, Mc	3.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		24. FUNERAL DIRE			ADDRE	SS
REG. 10/21/55 // 8 Harr	1	Pennington &	Son. 225 S.	Washing	ton St	
			Havre de			
			Davie de	arace,	MICLO	

BUREAU V. E.

OCT 24 1955

BECEIVED

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

2

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09486

9495 CERTIFICATE	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY BACKELLE COSO MARYLAND	STATE MA. COUNTY BASTELLIAS
CITY (If outside corporata limits, writa RURAL LENGTH OF STAY	CITY (If outside corporata limits, write RURAL and give nearest town)
OR and give nearest town) TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	TOWN THE 10 do (Bussel)
HOSPITAL OR	STREET (if rural give location)
DO STREET ADDRESS ELACY Rd.	ADDRESS Eldes Fid.
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) LOIS WADE	1ACKUM DEATH 10 - 26 - 1955
S. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) (Specify)	4-1865 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS. Wonths Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
relired) La Art Sole Liberto La Artico	TOMMA . ZCOUNTRY? A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Win. Wade	disalette thoopes
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17, INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give war or datas of servica)	Tex. H. Eldon Heldo Mid
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
420. 1 IMMEDIATE CAUSE (A) COLOMBRAM	Ochumn 25 mmts
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.)	Ic. WHERE DID INJURY OCCUR? (City or lown) (County) (Stata)
21d. TIME OF INJURY (Month) (Dey) (Yaer) (Hour) 21a. INJURY OCCURRED 2 While Not white at work	211. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	19 to
alive on 10 - 26 , 1933 , and that death occurred at,	12 20
SIGNATURE ATTURNING OF	ADDRESS (Strael, city, town, state) DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) > (State)
Charge lan 10-78-55 Accused	court Baltemost. Mid.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 10-21-03 VUNVIWINING	- SCOU DECOTES SPUERS, MA.

OF RECORDS STATE DEPARTMENT OF HEALTH-BALFINDER, 10. 6020 R A DARREN V. S. the later of the l

The state of the s

A THE STATE OF STATE OF THE STA

31, 1955

REGISTRAR'S SIGNATURE

St. Stanislaus

24. FUNERAL DIRECTOR

(Day)

(Year)

1955

Interval Between

Onset And Death

20. AUTOPSY ?

Yes No

(STATE)

altimore.

Ullrich Funeral Home 2112 Dundalk Ave..

Hours

COUNTRY?

U.S.A.

d.

PLE,

REMOVAL (Specify)

BUREAU V. S.

1955 I 1955

DECENSED

MARYLAND STATE DEPARTMENT OF HEALTH

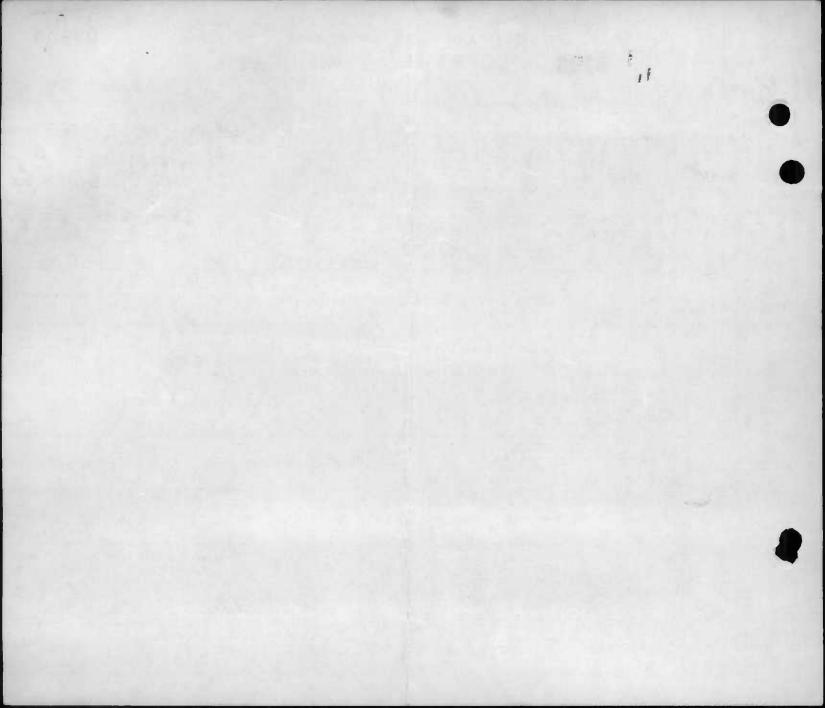
9496

CERTIFICATE OF DEATH

The correct age y every item of information carefully. the causes of death clearly and legibly.

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ER	Y.
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FOR MEDICA	AL EXAMINERS Reg. Dist. No.	• • • • • • • • • • • • • • • • • • • •
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-	
CITY (If outside corporate limits, write RURAL and LENGTH OF STA' OR give negrest town Count (In this place)	Y CITY (If outside corporate limits, write RURAL and give TOWN	
HOSPITAL OR HISTITUTION OR Sp. Pt. Horpital	STREET ADDRESS 24 Hagners Lane	e i
3. NAME OF DECEASED (First) (Middle) (Type or Print)	masson 4. DATE (Month) OF DEATH 10 -	(Day) (Year) 3/ 195
Frale Whole Specify MARRIED. WIDOWED, DIVORCED (Specify MARRIED).	1 Il 13-1896 59 yrs. Months	Days Hours Min.
10m. USUAL OCCUPATION (Give kind of work 10b. Kind or Business of done during most of working life, even if retired) fire state in the state of the	Bacto - Cz.	CITIZEN OF WHAT
13. FATHER'S NAME Charles L. masson	14. MOTHER'S MAIDEN NAME Mary Sartel	
16. WAS DECRASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of 216-03-6086)	Julia I massen (stif	(e)
18. MEDICAL	CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY VEADING TO DEATH	R	ONSET AND DEATE
Immediate cause (a) VMary	Occlusion	
Antecedent cause(s) Diseases are conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not		\$
related to the disease or condition causing death.		20. AUTOPSY?
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg etc.) CAUSE OF DEATH.	et, (CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m. work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said defrom: natural causes accident , suicide , homicide SIGNATURE (Degree or title)	leceased died on the dry stated above, and death in my	from the evidence opinion resulted
MBrann m5 Dupher. E.	au Dundanc-rr-Md-	10/3,65
Distraction mr. 3-55 Bults. 2	Tational Tudence Rd,	md
DATE REC'D'BY LOCAL REGISTRAR'S SIGNATURE REG. // / S	24. FUNERAL DIRECTOR	ADDRESS
- Margarita A		/



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

TAXABLE I INVEST	D DIZITE DESCRIPTION	I OI MINIMITATION	more,	10	Tec.
IEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY DAU	70.
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CITY (If outside corporate limits, write RURAL (In this place)	CITY (If outside corporate limits write RURAL and OR TOWN BELLIMONE SPARROWS P	give nearest town)
HOSPITAL OR LINSTITUTION OR Eastern Ave. West of North STREET ADDRESS Point Road	STREET (If rural, give location) ADDRESS 1223 Forest Road	
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) George NOHW M	ATTOLIA DEATH October 14	19 55
Male RACE: WIDOWED, DIVORCED, (Specify): M DRRUE)		ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	Devision	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
MICHAEL MATTOLA	JOSEPHINE (!)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unker) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
TES 19938-100 1954 191-22-9386	JOSEPHINE MATTOLA - SHME	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Crushed Chest		
Antecedent cause(s)		
Diseases or conditions, if any, (b)		
giving rise to the above cause DUE TO stating underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	RECEIVED BY THE PARTY OF THE PA	20. AUTOPSY? Yes No 25
21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory PRIMARY or CONTRIBUTING OF street, office bidg., etc		(State)
PRIMARY Or CONTRIBUTING OF Street, office bldg., etc CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	Baltimore	Maryland
OF INJURY 10/11/55 2:35 AM. While at work at work	Speeding auto - out of control	
22. I hereby certify that I took charge of the remains descri		
find that death resulted from: Natural causes Acci	dent X, Suicide □, Homicide □, Undeters CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	DATE SIGNED 10/14/55
REMOVAL (Specify): 10-17-55 Balline	OR CREMATORY LOCATION (City, town, or con	
DATE REC'D BY LOCAL MIGISTRAR'S SIGNATURE REG.	Welt Brids Breelly, Gland	ADDRESS
11/3		

EUREAU V. R

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BOLL AND DESCRIPTION OF THE PROPERTY OF THE PR

VS. A15 - 10 - 53

1	9497	CERTI	IFICATI	OF DEA	rh	Reg. Di	st. No.	20
1. PLACE OF DEA	ATH:			2. USUAL RESID	ENCE (HOME.) O	F DECEAS	ED:	
COUNTY Bal	timore	MARY	YLAND	STATE Md.	COUN	Ty Balt	timore	9
CITY (If outsid	le corporate limits, w	rite RURAL, LEN	NGTH OF STAY	CITY(If outside	corporate limits, wi	rite RURAI	and give	near
	ings Mills	,	in this place)	TOWN O	wings Mil:	ls		
HOSPITAL OR	OR .			STREET	(If rural	give locatio	on)	
STREET ADDRE				28	Wingate	Road		
3. NAME OF DECEASED:	(First)	(Middle)		Last)	4. DATE (M	(onth)	(Day)	(Y
(Type or Print)		G.	McB	ride	DEATH:		26	19
5. SEX: 6. C	COLOR OR 7. SIN	DOWED DIVORC	FD		9. AGE last birthda	Months		OUTS
	nite (SP	ecify) Marrie	d Dec.2	5,1903	51 yrs			
work done during	most of working life	OR INDII	STRY:				COUNT	RXT
13. FATHER'S NAM	Housewife	1 none		Baltimo:	AIDEN NAME:	and	0.5	. A.
		ah aamh		Helen M				
S. WAS DECEASED EVE	am T. Stin	CEST 18. SOCIAL	SECURITY No.	17. INFORMANT			Ow:	inc
Yes, no, or unk.) (I	f Yes, give war or d	214-2	2-8905	Albert V.	McBride, 2	8 Wing		
1 DISEASES OF	CONDITIONS DIREC		L CERTIFICAT	ION			INTER	VAL
Y DISTURDED ON C			O DEATH				ONIGEN	
410 X	CONDITIONS DIREC	CILY LEADING I		0 0 0			ONSET	
410 X	TE CAUSE	(A)	Centr	ol Emple			1. ho	
	TE CAUSE	(A)	Centr			Stern	1. ho	
IMMEDIAT ANTECEDENT DISEASES OR CON	TE CAUSE CAUSE (S)	(A)	Centr			Steron	1. ho	
IMMEDIAT ANTECEDENT DISEASES OR CON	TE CAUSE	(A)	Centr			Steron + thus	1. ho	
IMMEDIATE ANTECEDENT DISEASES OR CON GIVING RISE TO T STATING UNDERL	TE CAUSE CAUSE (S) NDITIONS, IF ANY, THE ABOVE CAUSE LAST ICANT CONDITION	(A) DUE TO (B) T. (C) US CONTRIBUTION	Center Contraction of the Street of the Stre	Heart Design was Noting Letter & John		Steven + Mus	1. ho	
IMMEDIAT ANTECEDENT DISEASES OR CON GIVING RISE TO T STATING UNDERL TO THER SIGNIFI TO THE DEATH	TE CAUSE CAUSE (S) THE ABOVE CAUSE YING CAUSE LAST	(A) DUE TO (B) TO CONTRIBUTING TO THE	Center Contraction of the Street of the Stre			Stevens + Was	1. ho	
IMMEDIAT ANTECEDENT DISEASES OR CON GIVING RISE TO T STATING UNDERL TO THER SIGNIFI TO THE DEATH	TE CAUSE CAUSE (S) NDITIONS, IF ANY, THE ABOVE CAUSE YING CAUSE LAST ICANT CONDITION BUT NOT RELATED ONDITION CAUSIN	(A) DUE TO (B) TO CONTRIBUTING TO THE	Centre de de de la constante d	Heart Design in Witm Putter + John		Stevenson & Une	? h.	Ka
IMMEDIAT ANTECEDENT DISEASES OR CON GIVING RISE TO T STATING UNDERL II OTHER SIGNIFI TO THE DEATH DISEASE OR CO	TE CAUSE CAUSE (S) NDITIONS, IF ANY, THE ABOVE CAUSE YING CAUSE LAST ICANT CONDITION BUT NOT RELATED ONDITION CAUSIN	(A) DUE TO (B) T. (C) (C) (S) CONTRIBUTIN D TO THE	Centre de de de la constante d	Heart Design in Witm Putter + John		Stevens + whose	? h.	XX
IMMEDIAT ANTECEDENT DISEASES OR CON GIVING RISE TO T STATING UNDERL TO THER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF OPER PROPERTY OF CONTRIBUTING	TE CAUSE CAUSE (S) NDITIONS, IF ANY, THE ABOVE CAUSE VING CAUSE LAST ICANT CONDITION BUT NOT RELATED ONDITION CAUSIN RATION: 198. MA	(A) DUE TO (B) T. (C) IS CONTRIBUTIND TO THE NG DEATH. AJOR FINDINGS	Central de de la constant de la cons	Heart Design in Witm Putter + John	Steward Steward		? hs	X
IMMEDIAT ANTECEDENT DISEASES OR CON GIVING RISE TO T STATING UNDERL II OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF OPER 21A. ACCIDENT WA DR CONTRIBUTING LIFE EITHER, NOTIFY M 21D. TIME (Month)	TE CAUSE CAUSE (S) NDITIONS, IF ANY, THE ABOVE CAUSE VING CAUSE LAST ICANT CONDITION BUT NOT RELATED ONDITION CAUSIN RATION: 198. MA	(A) DUE TO (B) T. (C) IS CONTRIBUTIND TO THE NG DEATH. AJOR FINDINGS 218. PLACE (I OF INJURY st	Central Control of Con	Heart Strian With Ory. 21c. WHERE I INJURY OCCU	Clty or town		? /2 // // // // // // // // // // // // /	Xa Xa
IMMEDIAT ANTECEDENT ANTECEDENT DISEASES OR CON GIVING RISE TO T STATING UNDERL TO THE DEATH DISEASE OR CO 19A. DATE OF OPER POR CONTRIBUTING OF CONTRIBUTING	TE CAUSE CAUSE (S) NDITIONS, IF ANY, THE ABOVE CAUSE YING CAUSE LAST ICANT CONDITION BUT NOT RELATED ONDITION CAUSIN RATION: 19B. MA AS UNDERLYING CAUSE OF DEATH EDICAL EXAMINER) (Day) (Year) (Ho	(A) DUE TO (B) T. (C) IS CONTRIBUTIND TO THE NG DEATH. AJOR FINDINGS 218. PLACE (I OF INJURY st	Centre Centre Control of Control	Heart Strian With Ory. 21c. WHERE I INJURY OCCU	Clty or town		? /2 // // // // // // // // // // // // /)Ca
IMMEDIAT ANTECEDENT DISEASES OR CON GIVING RISE TO T STATING UNDERL II OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF OPER 21A. ACCIDENT WA DR CONTRIBUTING INFEITHER, NOTIFY M 21D. TIME (Month) DF "INJURY"	TE CAUSE CAUSE (\$) NDITIONS, IF ANY, THE ABOVE CAUSE YING CAUSE LAST ICANT CONDITION BUT NOT RELATED ONDITION CAUSIN RATION: 198. MA AS UNDERLYING CAUSE OF DEATH (Day) (Year) (Ho	(A) DUE TO (B) T. (C) IS CONTRIBUTIN D TO THE NG DEATH. AJOR FINDINGS H 21B. PLACE (I OF INJURY st DOWN) 21E INJUI While M. at work	Central Control of Con	Heart Blesian With Putte + John Dry. 21c. WHERE F etc. INJURY OCCU 21f. HOW DID I	OID (City or town R?) (Cot	? 20. YES [AUT
IMMEDIAT ANTECEDENT DISEASES OR CON GIVING RISE TO T STATING UNDERL II OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF OPER 21A. ACCIDENT WA DIR CONTRIBUTING LITE EITHER, NOTIFY M DID. TIME (Month) DF INJURY 22. I hereby certi	TE CAUSE CAUSE (S) NDITIONS, IF ANY, THE ABOVE CAUSE YING CAUSE LAST ICANT CONDITION BUT NOT RELATED ONDITION CAUSIN RATION: 198. MA AS UNDERLYING CAUSE OF DEATH EEDICAL EXAMINER) (Day) (Year) (Ho	(A) DUE TO (B) (C) (C) (S) (C) (S) (C) (S) (C) (S) (C) (S) (C) (S) (C) (C) (S) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Centre Control of Operation Home, farm, fact treet, office bldg., RY OCCURRED Not while at work from 6/2/.	pry. 21c. WHERE I INJURY OCCU	OID (City or town R? NJURY OCCUR?) (Con	20. YES [unty)	AUT (S
IMMEDIAT ANTECEDENT DISEASES OR CON GIVING RISE TO T STATING UNDERL II OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF OPER 21A. ACCIDENT WA DIR CONTRIBUTING LITE EITHER, NOTIFY M DID. TIME (Month) DF INJURY 22. I hereby certi	TE CAUSE CAUSE (S) NDITIONS, IF ANY, THE ABOVE CAUSE YING CAUSE LAST ICANT CONDITION BUT NOT RELATED ONDITION CAUSIN RATION: 198. MA AS UNDERLYING CAUSE OF DEATH (Day) (Year) (Ho ify that I attended	DUE TO (B) (C) IS CONTRIBUTIND TO THE NG DEATH. AJOR FINDINGS H 218. PLACE (I OF INJURY st While NG	Centre Control of Operation Home, farm, fact treet, office bldg., RY OCCURRED Not while at work from 6/2/.	ory. 21c. WHERE I INJURY OCCU 21f. HOW DID ADDRES	OID (City or town R? NJURY OCCUR? ne causes and on	that I la	20. YES [unty) st saw t e stated ATE SIGN	AUT (S
IMMEDIAT ANTECEDENT DISEASES OR CON GIVING RISE TO T STATING UNDERL II OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF OPER 21A. ACCIDENT WA DIR CONTRIBUTING INTEREMENTAL MONTH DISEASE OR CONTRIBUTING INTEREMENTAL MONTH 21D. TIME (Month) DF INJURY 22. I hereby certicalive on	TE CAUSE CAUSE (S) NDITIONS, IF ANY, THE ABOVE CAUSE YING CAUSE LAST ICANT CONDITION BUT NOT RELATED ONDITION CAUSIN RATION: 198. MA AS UNDERLYING CAUSE OF DEATH SEDICAL EXAMINER) (Day) (Year) (Ho AS Ify that I attended 19.53	DUE TO (B) (C) IS CONTRIBUTIND TO THE NG DEATH. AJOR FINDINGS AJOR FINDINGS (B) (C) (C) (C) (S) (C) (S) (C) (S) (C) (S) (S	Centre Control of Operation Home, farm, fact treet, office bldg., RY OCCURRED Not while at work from 6/2/. h occurred at M.	Dry. 21c. WHERE I INJURY OCCU 21f. HOW DID I ADDRESS D. 5907	OID (City or town R? NJURY OCCUR? The causes and or structure of the causes are causes and or structure of the causes and or structure of the causes are caused and causes are caused and causes are caused are caused are caused and causes are caused are caused and causes are caused are	that I lan the dat	20. YES [unty) st saw t e stated ATE SIGN /0-2	AUT (S
IMMEDIAT ANTECEDENT ANTECEDENT DISEASES OR CON GIVING RISE TO T STATING UNDERL II OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF OPER 21A. ACCIDENT WA DR CONTRIBUTING (IF EITHER, NOTIFY M 21D. TIME (Month) DF INJURY 22. I hereby certi alive on	TE CAUSE CAUSE (S) NDITIONS, IF ANY, THE ABOVE CAUSE YING CAUSE LAST ICANT CONDITION BUT NOT RELATED ONDITION CAUSIN RATION: 198. MA AS UNDERLYING CAUSE OF DEATH SEDICAL EXAMINER) (Day) (Year) (Ho AS Ify that I attended The Column Calling Callin	DUE TO (B) (C) IS CONTRIBUTIN D TO THE NG DEATH. AJOR FINDINGS DUE TO (C) IS CONTRIBUTIN D TO THE NG DEATH. AJOR FINDINGS DUE TO (C) IS CONTRIBUTIN D TO THE NG DEATH. AJOR FINDINGS HELD TO (C) (C) (C) (C) (C) (C) (C) (C	Centre Control of Operation Home, farm, fact treet, office bldg., RY OCCURRED Not while at work from 6/2/. h occurred at M. ME OF CEMETE	pry. 21c. WHERE I INJURY OCCU 21f. HOW DID I ADDRESS D. 5907 RY OR CREMATORY	OID (City or town R? NJURY OCCUR? The causes and or service of the causes are caused and or service of the cause of the	that I lan the date of the City, town,	20. YES [unty) st saw t e stated ATE SIGN /0 - 2 or county	AUT (S aboo (ED)
IMMEDIAT ANTECEDENT DISEASES OR CON GIVING RISE TO T STATING UNDERL II OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF OPER 21A. ACCIDENT WA DR CONTRIBUTING IN (IF EITHER, NOTIFY M 21D. TIME (Month) DF "INJURY 22. I hereby certi alive on	TE CAUSE CAUSE (S) NDITIONS, IF ANY, THE ABOVE CAUSE YING CAUSE LAST ICANT CONDITION BUT NOT RELATED ONDITION CAUSIN RATION: 19B. MA AS UNDERLYING [] CAUSE OF DEATH (EDICAL EXAMINER) (Day) (Year) (Ho AS If y that I attended CAUSE (The Column MATION, DATE THE COLUMN MATION, DATE THE OCT.	DUE TO (B) (C) IS CONTRIBUTIN D TO THE NG DEATH. AJOR FINDINGS DUE TO (C) IS CONTRIBUTIN D TO THE NG DEATH. AJOR FINDINGS DUE TO (C) IS CONTRIBUTIN D TO THE NG DEATH. AJOR FINDINGS HELD TO (C) (C) (C) (C) (C) (C) (C) (C	Central Comments of Control of Comments of	Dry. 21c. WHERE I INJURY OCCU 21f. HOW DID I ADDRESS D. 5907	OID (City or town R? NJURY OCCUR? Me causes and or Service Court of Court	that I lan the date of the City, town,	20. YES [unty) st saw t e stated ATE SIGN /0 - 2 or county	AUT (SS

BUREAU V. S.

THE REPORT OF THE PERSON OF TH

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DECENTED

after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09491

CERTIFICATE OF DEATH

9498

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY BALTO. MARYLAND	STATE MIL COUNTY BALTO
CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR end give neerest town) X TOWN JONES' CREEK (19) 12 125	TOWN DATES ADELL (10)
HOSPITAL OR HOSPITAL OR	JONES GALEN 1191 X
INSTITUTION OR SALES AL	STREET ADDRESS (If rural give location)
ON STREET ADDRESS J413 KETCHUM HUE.	27/3 METCHUM HUE
3. NAME OF DECEASED (First) (Middle) (Type or Print) ATHUR h) 1/1/AM M	(Lest) 4. DATE (Month) (Dey) (Yeer) OF DEATH /0-30- 1953
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C	
MALE NAITE (Specify) AGRICO FEB	11 ,1900 55 yrs. Months Days Hours Min.
105. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BfRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
retired) SALESMAN. STORM WINDOW	W, VA, C.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WM. MC FARLAND	MARCARIST J. (!)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes ago) or unk.) (If Yes, give wer or detes of service) 587-03 -3855	CATHERINE W. M. CI-BRLAND
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN
(i + (ONSET AND DEATH
HOLO. IMMEDIATE CAUSE (A) Coll Coronery	Josefferency / hr.
DISEASES OR CONDITIONS, IF ANY, (B) Coronary Center	- Street Im
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	1 minus
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH (FETHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Monih) (Day) (Yaer) (Hour) 21e. INJURY OCCURRED While Not while at work	21f. HOW DID INJURY OCCUR?
22 I haraby contifer that I attended the decoral franchis	, 19.53, to act. 30, 19.55, that I last saw the deceased
alive on Od, 30 , 19.55 , and that death occurred a	
(19 h.	ADDRESS (Street, city, town, state) DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (C)
REMOVAL (SPECIFY) 11-2-53 OAN LA	CREMATORY LOCATION (City, town, or county) BALTO: CO: MA. (State)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE MOTE, 2-53 Dawson d. Harly	Kelly Burky Buskler, Nudalla mel

MERES OF CATE OF DESCRIP

SOUTH AND ADDRESS OF THE SECOND

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9499 CERTIFICAT	E OF DEATH Reg. Dist. No. 3
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY BALTIMORE MARYLAND	M A
COUNTY DACTIMUNE MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE D. COUNTY
OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 3V01.4
HOSPITAL OR SPRING LROVESTATE HOSP.	STREET (If rural give location) ADDRESS 1618 N. BENTALOU S7.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) CORA M. MC D	ermit OF 12 1955
F 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED 3-5	5-1880 75 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE KEEPER	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
1 / S'NIVLEY	MILDRED KOONTA
15. WAR DECEASED EVER IN U.S. ARMED FORCER! (Yes, no, or unk.) (If Yes, give war or dates of service)	MAS. FRANK MULLIGHN_ 2143 W. NORTH DU. BALTO
18. MEDICAL CERTIFICA	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	RAL VASCULAR ACCIDENT 10/3/55
ANTECEDENT CAUSE (8)	
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO	OSCLEROSIS to
STATING UNDERLYING CAUSE LAST.	1.11-
(C)	10/12/55
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, f	ectory. 21c. WHERE DID (City or town) (County) (State)
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from July	1 4 , 1955, to oct. 12, 1955, that I last saw the deceased
alive on	t 8 A. M, from the causes and on the date stated above. ADDRESS DATE SIGNED
23. BURIAL CREMATION. DATE THEREOF NAME OF CEME	M.D. T. U. ST. M.
REMOVAL (SPECIFY)	Park Cem. Woodlawn, Md.

. 53 0 The

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

correct age is especially important, Physicians: please write the causes of death clearly and legibly.

VS. A15 - 10 - 53

TYPE OR

PLEASE

DATE REC'D REGISTRAR LOCAL

9500

CERTIFICATE OF DEATH

Reg. Dist. No. 3/

I. PLACE OF DEATH: 2. USU.	AL RESIDENCE (HOME) OF DECEASED:	
COUNTY Ballinger MARYLAND STATE	m / m /	Bellina
CITY (If outside corporate limits write DIDALL DNCTH OF STAY)	(If outside corporate limits, write RURAL and	
OR and give nearest town) (in this place)	an extension	V
- Mochelle Systomes	1-kummone	
HOSPITAL OR STRI INSTITUTION OR ADD	RESS (If rural give location)	011.
STREET ADDRESS	3700 ada Duve.	Jochlann
3. NAME OF DECEASED: (Middle) (Last)	S 4. DATE (Month) (Day)	(Year)
5. SEX: S. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH	DEATH: 9. AGE last birthday: IF UNDER 1 YEAR	II SA
RACE: WIDOWED, DIVORCED, (Specify): 7/1/2000000 (6-22-18	70 85 yrs. Months Day	
10a. USUAL OCCUPATION. Give kind of 10b. KIND OF BUSINESS OR 11. BII	RTHPLACE (State or foreign country): 12. Cl	TIZEN OF WHAT
work done during most of working life, even if retired):	md Ti	OUNTRY?
I3. FATHER'S NAME: 14. MOTI	HER'S MAIDEN NAME:	
arthur Me sean Ru	the E. Hollow	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMATIVES, no, or unk.) (If Yes, give war or dates of	ANT & ADDRESS:	1
service) 7/1/2 - My & &	dured Mr. Seen - 3700 Res	las kleine
18. MEDICAL CERTIFICATION	BURGO	weed.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	iouno.	Interval Between Onset And Death
490x 1	y Failure	mulau.
Immediate cause (a)	7 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	one say
Antecedent causes (s)	N -	tal who
Diseases or conditions, if any, glving rise to the above cause		10-92
stating the underlying cause last DUE TO		Secretary.
(c) flenelys are	noseluosis	SHOW
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		4
related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
138. DATE OF OPERATION: 130. MAJOR FINDINGS OF OPERATION		
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CIT	Y OR TOWN) (COUNTY) (ST	Yes No No ATE)
SUICIDE OF office bldg., etc.) HOMICIDE	i di lawi,	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW I	OID INJURY OCCUR?	
OF While at Not While INJURY m. Work		
22. I hereby certify that I attended the deceased from July 10.1950	, to OLY Q, 1953, that I last s	aw the deceased
0.40	-nh	
alive on, 1990, and that death occurred at	from the causes and on the date st	tated above. TE SIGNED,
Edwin Windows M.O. 8214 Gale	X Ta Rollo 7 Md 1	0/13/53
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CR	LOCATION City, town, or cour	nty) (State)
BREMOVAL (Specify) 10-12-55 mt Wiew	Housed lo-	Sul.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24, FUNE	RAL DIRECTOR	ADDRESS
DREGISTRAR 955 The GITT	5.21. Slesalt Wide All	sud!

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Physicians:

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1. PLACE OF D COUNTY CITY (If out

and giv

HOSPITAL O INSTITUTION STREET ADD NAME OF DECEASED:

(Type or Print

even if retired

10A. USUAL OCC work done duri

13. FATHER'S N

IS. WAS DECEASED E

(Yes, no, or unk.)

I DISEASES OF

GIVING RISE TO STATING UNDER

IMMEDI ANTECEDEN DISE'ASES OR C

21A. ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

OR

5. SEX:

TOWN

10 - 53A15 và

MARYLAND STATE DEPARTMENT	T OF HEALTH—BALTIMORE, 18 0	9494
9501 CERTIFICATE		5-1
Ballinere MARYLAND side corporate limits, write RURAL LENGTH OF STAY	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Many fund county CITY(If outside corporate limits, write RURAL an	
ca town? (in this place)	OR TOWN Saltimore 31	VO1-4
OR Spring Grove State Hop.	STREET (If rural give location) ADDRESS 1846 W. rat	Altret
		uy) (Year)
, ELLI7 MC	Manus DEATH: 10 1	4 1955
DAGE	OF BIRTH: 9. AGE last birthday IT UNDER I VE	ys Hours Min.
JPATION (Give kind of 10B. KIND OF BUSINESS or INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. C	CITIZEN OF WHAT COUNTRY?
AME: hnknown	14. MOTHER'S MAIDEN NAME:	
VER IN U.S. ARMED FORCES? 19. SOCIAL SECURITY NO. (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Cycel & Murphy H-1128 First	nate BIL
18. MEDICAL CERTIFICATION CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN ONSET AND DEATH
ATE CAUSE (A)	re penumonitis	5 days
ONDITIONS IF ANY	thrombosis	5 days
(C) FICANT CONDITIONS CONTRIBUTING AFTER LOSC H BUT NOT RELATED TO THE CONDITION CAUSING DEATH.	lerotic cardiovascular disease	years

II OTHER SIGN TO THE DEAT DISEASE OR 19A. DATE OF OPERATION: I 198. MAJOR FINDINGS OF OPERATION

OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.

20. AUTOPSY? NO (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work L at work 22. I hereby certify that I attended the deceased from ?/' , 1953, to 10/14, 1955, that I last saw the deceased

218. PLACE (Home, farm, factory.

ADDRESS DATE SIGNED alive on ... SIGNATURE

M. D. 23. BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPESIFY)

REGISTRAR'S DATE REC'D BY LOCAL SIGNATURE REGISTRAR

FUNERAL DIRECTOR ADDRESS

21c. WHERE DID (City or town)

INJURY OCCUR?

(State)

MARGIN RESERVED FOR BINDING

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TYPE

PLEASE

correct

MARYLAND STATE DEPARTMENT	r of health—baltimore, 18 09495
9592 CERTIFICATE	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place) YOWN WOOdlawn 40 yrs.	TOWN Woodlawn
HOSPITAL OR INSTITUTION OR 2023 Russell Ave.	STREET (If rural give location) ADDRESS 2023 Russell Ave.
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) of Oct. 23 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE iast birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Bookkeeper Produce Co.	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Paul Merson	14. MOTHER'S MAIDEN NAME: Elizabeth A. Davis
(Yes, no, or unk.) (If Yes, give war or dates of service) WWL 213-05-5261	17. INFORMANT & ADDRESS: Clara M. Merson - 2023 Russell Ave.
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	INTERVAL BETWEEN ONSET AND DEATH
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 9.72 alive on	6 M, from the causes and on the date stated above. ADDRESS ADDRESS ADDRESS ADDRESS

alive on SIGNATU MULLIN

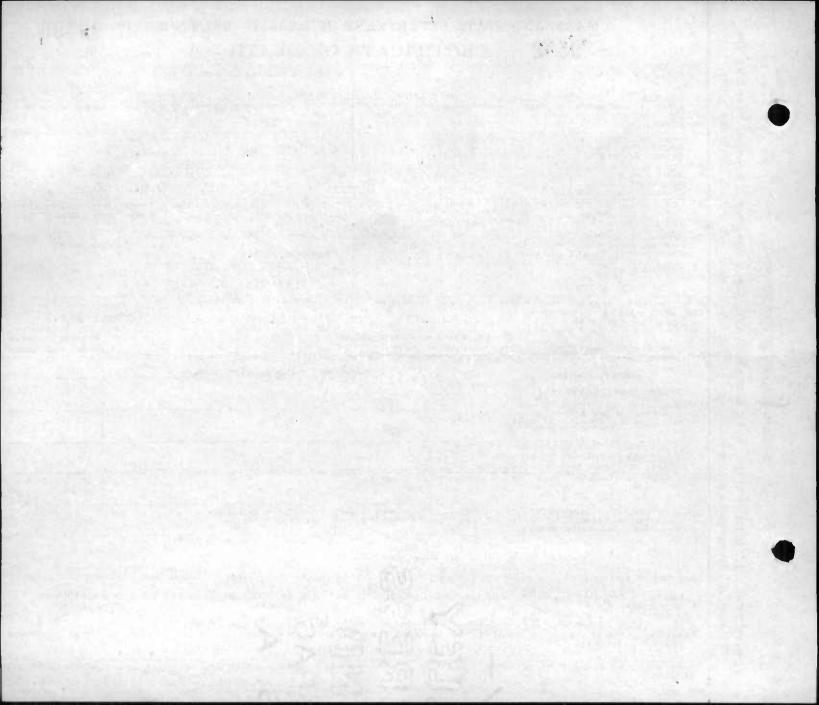
M.D. OTIO Windson Will Ha

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) /27/55 Woodlawn Cemetery Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR LISUARIL CADRRESS CLEEN Ellsworth Armacost - 4600 Liberty Hghts. Ave

(State)



OR WRITE PLAINLY, WITH

TYPE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9503 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
	COUNTY BALTIMORE MARYLAND	STATE MD. COUNTY BALT	IMORE
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY on and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL ar	
	X TOWN HARBOR VIEW	TOWN HARBOR VIEW	X
	HOSPITAL OR INSTITUTION OR STREET ADDRESS 500 S. 48th St.	STREET (If rural give location) 500 S. 48th St.	
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (D	Ony) (Year)
	(Type of Time)	MILLER OF DEATH: OCT. 1	1955.
	Female 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed June	21 1863 92 yrs. Months Da	ays Hours Min.
	work done during most of working life, even if retired) RETIRED		COUNTRY? U.S.A.
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
1	? MILLER	UNKMOWN	
	15. WAR DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
9	(Yes, no, or unk.) If Yes, give war or dates of service) •••	Henry C. Koos 500 S. 48th	St.
2	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 154 IMMEDIATE CAUSE ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	many of Return Caneuma Cantrasis trophic arthretic	ONSET AND DEATH 6 month, 15 year 30 year 20. AUTOPSY? YES NO
	21A. ACCIDENT WAS UNDERLYING OF PLACE (Home, farm, faction CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (1F EITHER, NOTIFY MEDICAL EXAMINER)	, etc. INJURY OCCUR?	y) (State)
	OF INJURY OF INJURY OF INJURY OF INJURY OCCURRED While Not while at work		
	SIGNATURE In onic a. Jacob In. D M 23. BURIAL, CREMATION, PATE THEREOF NAME OF CEMETI	12:45M, Aroh, the causes and on the date s	stated above.
	BURIAL 10-4-55 CEDAR H	ILL CEM ANNAPOLIS R	PD., MD.
	REGISTRAR 3 - 3 Dil June	10 9015,60	NIKLING ST.

THE RESIDENCE THE PROPERTY OF o_____

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within

INSTRUCTIONS

09497

9514

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF D	ECEASED	
COUNTY Baltimore	MARYLAND	STATE Marylar	nd county		
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY		rete limits, write RURAL e	nd give neerest to	wn)
OR end give neerest town) Fort Howard	(in this place) 20 Days	TOWN Baltimo	re		No 1 W
HOSPITAL OR	LO Days	STREET		re location)	101-16
INSTITUTION OR		ADDRESS			1
AG OGI SIIS MUNITITIS (Camden Stre		V
3. NAME OF (First) DECEASED	(Middle)	(Lest)	4. DATE (Mor		(Yeer)
(Type or Print) JOSEPH	F. MI	LIER	DEATHOC		
5. SEX 6. COLOR OR 7. SINGLE, MA RACE WIDOWED,		OF BIRTH	9. AGE lest birthdey	IF UNDER 1 YEA	
Male White (Specify)	Single 4/10/8	37	68 yrs.	Months Dey	rs Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS	11. BIRTHPLACE (State or forei	gn country)	12. CI	TIZEN OF WHAT
done during most of working life, even if refired Laborer Car	OR INDUSTRY	Baltimore, Ma	amr] and		S. A.
13. FATHER'S NAME	n Company	14. MOTHER'S MAIDEN I		10.	J . A .
			VALUE .		
Joseph Miller		Mary Dailey			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (II Yes, give war or deles of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & A			
Yes W I	214-03-2430	Clin.Rec.,	Tet.Adm.Hosp	Ft.Ho	ward, Md.
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	18. MEDICAL CER	RTIFICATION			NTERVAL BETWEEN
1/72.1		7.4.7			
MMEDIATE CAUSE (A) HE	MORRHAGE, CEREBI	KAL			3 WEEKS
	TERIOSCLEROTIC (CARDIOVASCULAR	DISEASE		UNKNOWN
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE					
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE PUT	LMONARY EMPHYSE	MA			UNKNOWN
19e. DATE OF OPERATION 19b. MAJOR FINDING	GS OF OPERATION				20. AUTOPSY?
				F. S.	YES NO
210. ACCIDENT WAS UNDERLYING 216. PLACE (H		21c. WHERE DID INJURY OCCUP	(City or town)	(County)	(State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY STORY (IF EITHER, NOTIFY MEDICAL EXAMINER)	et, office bldg., etc.)				
	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUP	17		
	it work at work				
22. I hereby certify that X attended the de	cessed from October	1 19 55 to Octo	ober 21,19 55	363600060	000000000000000000000000000000000000000
And a second control of the control	and that double account of	2.50PM from the a	nuces and on the	data stated ab	040
SIGNATURE SIGNATURE	LA O	ADDI	RESS (Street, city, tow	n, stete)	DATE SIGNE
1 Miller 1					10-25-55
Francis G. Dickey M.D. Chie	Medical Service	co VAH, FURT	LOCATION (City, tow	LIST NUMBER OF THE PARTY OF THE	(Stete)
23. BURIAL CREMATION. 7 DATE THEREOF	NAME OF CEMETERY OR	CKEMATUKT			
REMOVAL (SPECIFY)		Cemeterv			(6.0.0)
Burial 10-28-55	Sacred Hear	Cemetery	Baltimore	, Md.	
Burial 10-28-55 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Sacred Heat	Cemeterv	Baltimore		
Burial 10-28-55 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Sacred Hear	Cemetery	Baltimore	, Md .	ESS

UL SEDMIETAS NO THE DEPARTMENT OF HEADTH SATERAGE. IU 25 PE 1

STATE CERTIFICATE OF DEATH

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MARYLAND

9498 FATE DEPARTMETT OF HEALTH

9505

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEAT	rh·		2. USUAL RESIDENCE (H	OME) OF DECEASED.	NTV > A
COUNTI	BALTO.	MARYLAND	77 D.		NTY DALTO.
CITY (If outside OR give nearer	corporate limits, write RUR st town) CATONSVILLE	(in this place)		te limits, write RURAL and	give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDR	OR ICAY SUM		STREET	(If rural, give location	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	MARY	LOUISE	MILLER 8. DATE OF BIRTH	DEATH /6 -	, 4
5. SEX	6. COLOR ON RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify)	March 3, 1883	9. AGE last birthday If un Mon	ths. Days Hours Min.
done during most of	PATION (Give kind of work working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or	(oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN		
	RICHARD	OETERS	100150	: O'IGEKE	
15. WAS DECEASED I	EVER IN U.S. ARMED FORCES (If year, give war or dates service)	? 16. SOCIAL SECURITY NO.	Havy & milly	0.	mis ove.
422./ Immedia Antecede Diseases of giving rise stating the	r conditions, if any, (b) to the above cause underlying cause last FICANT CONDITIONS	Myocardia	el Jack	ur E	ONSET AND DEATH 5 days
Conditions contri	buting to the death but not ease or condition causing deat	th.			
19a. DATE OF OP	ERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes 🗆 No 🛭
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR T	OWN) (COUN	TY) (STATE)
	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?	
	1955, ar	d that death occurred at	ADDRESS		e stated above. DATE SIGNED 10-17-55
REMOVAL (Sp	rcify) 10-18-	10 Cather	Cen.	Ballo.	ADDRESS
DATE REC'D BY	LOCAL REGISTRAR'S	Harry	Tarley Francis	& Home - Catan	well the



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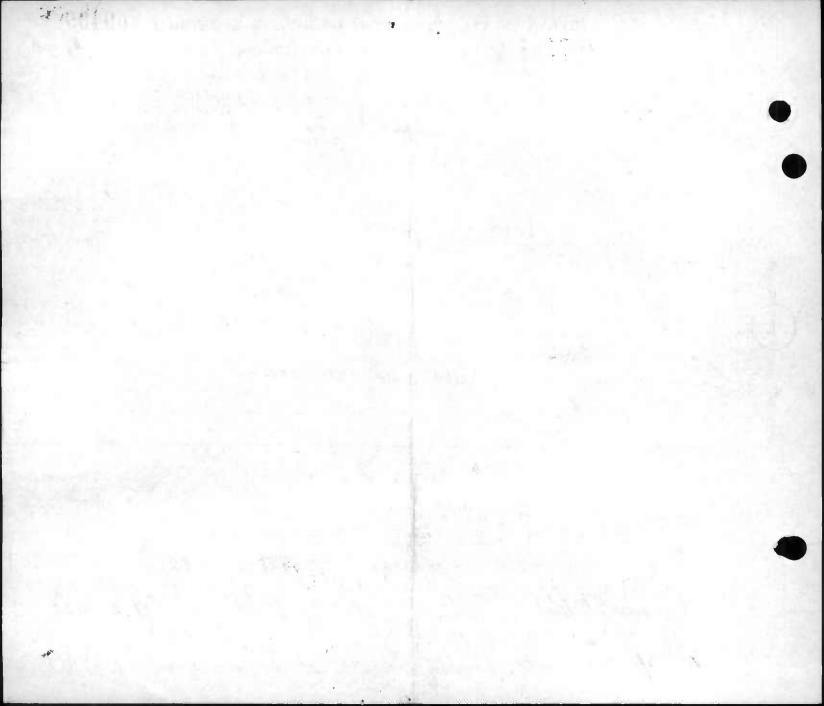
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DECENTED

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 199499

7300	CERTIFICATI	E OF DEATH	Reg. Dist.	No. 5
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOM	E) OF DECEASED:	R
COUNTY DALTIMON	PG MARYLAND	STATE MARYLA	COUN'	TY WALTO.
CITY (If outside corporate limits, write OR and give nearest town)	RURAL LENGTH OF STAY (in this place)	CITY (If outside corporate OR TOWN	/	d give nearest town)
IIOSPITAL OR INSTITUTION OR STREET ADDRESS // H/LL		STREET ADDRESS	(If rural give location)	5-1
3. NAME OF DECEASED: (Type or Print) MATTIE	(Middle)	Hast) LER 4. DATE OF DEAT	(Month) (Day)	
5. SEX: 6. COLOR OR 7. SING RACE: WIDO	WIED DIVONGED	: 29, 1869 8	birthday: If under 1 Ye Months Da	ys Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life,	10b. KIND OF BUSINESS OF INDUSTRY:	LEWISTONII	mo.	OUNTRY?
13. FATHER'S NAME:	VELLER	14. MOTHER'S MAIDEN NAME	WEBB	
15 WAS DECEASED EVER IN U.S. ARMED FORCES	16. SOCIAL SECURITY No.: 17.	INFORMANT & ADDRESS:		DE AVE
(Yes, no or unk.) (If Yes, give war or dates of service)	M	- // 2	TOVVSON	
	18. MEDICAL CERTIFICATI	ION /		Interval Between
I. DISEASES OR CONDITIONS DIRECTL	acinoma	Paveur		Onset And Death
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	o)			
(c	2)			<u> </u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but related to the disease or condition causing				
19a. DATE OF OPERATION: 19b. MAJO				20. AUTOPSY ?
			(0011)/m//	Yes No
21. ACCIDENT (Specify) PLA OF INJUDICIDE INJUDICIDE	CE (Home, farm, factory, street office bldg., etc.) JRY	(CITY OR TOWN)	(COUNTY) (S	TATE)
TIME (Month) (Day) (Year) (Ilour) OF INJURY m.	INJURY OCCURED While at Not While Work At Work	HOW DID INJURY OCCUR?		
23. WRIAL CREMATION, DATE THER	that death occurred at (Derree or Mile)	YOU WORK CHANATORY LOCAL	es and on the date s	stated above. TE SIGNED
DATE REC'D BY LOCAL BEGISTHAR'		24. FUNERAL DIRECTOR HENRY H. Jenlins	Dono C 490	ADDRESS S VORT RD



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

MARGIN RESERVED FOR BINDING

A15 VS.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9517

CERTIFICATE OF DEATH

Reg. Dist. No. 30

			-11-61	
1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECE	ASED:
COUNTY Baltimore	MARYLAND	STATE Mary	rland COUNTY	
CITY (If outside corporate limits, write I OR and give nearest town) 52TOWN Catonsville	RURAL LENGTH OF STAY (in this place) 5 mos.18day	OR		RAL and give nearest town)
HOSPITAL OR		STREET	(If rural give loca	
MINSTITUTION OR STREET ADDRESS Spring Grove	State Hospital	ADDRESS 514	Cathedral Stre	et /
3. NAME OF (First) DECEASED:	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Anna		chell	DEATH: UCTOB	
Female 6. COLOR OR 7. SINGLE, WIDOW (Specify)	ED, DIVORCED,	of BIRTH: 9	. AGE last birthday Month	
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife				112. CITIZEN OF WHAT
13. FATHER'S NAME:		14. MOTHER'S MA	IDEN NAME:	
John Taylor		Isadore	Marmsduke	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST	18. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Unknown	Records Sprin	g Grove State H	ospital
	18. MEDICAL CERTIFICAT	rion		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
IMMEDIATE CAUSE	(A) General	ized carcinom	atosis	3 months
	DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Adenoca	rcinoma desce	nding colon	3
STATING DIVERENTING CAUSE CAST.	(C)			
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO	NTRIBUTING			
DISEASE OR CONDITION CAUSING D				
19A. DATE OF OPERATION: 19B. MAJOR	FINDINGS OF OPERATIO	N		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	B. PLACE (Home, farm, fac INJURY street, office bldg.,	tory. 21c. WHERE D		County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work	2 IF. HOW DID II	NJURY OCCUR7	
22. I hereby certify that I attended th	ne deceased from 1-26	, 1955, to 10	0-14-, 19.55, that I	last saw the deceased
alive on 10-14- , 19 55 , and		4:35P M, from th	e causes and on the d	late stated above.
Spella Waches	ler		re State Hospit	
23. BURIAL CREMATION DATE THERE	NAME OF CEMET	ERY OR CREMATORY	LOCATION (City, tow	
THE THE PERSON IN THE PERSON PROPERTY AND INC.	CICNIATURE	1 04 511115041 01	DESTOR	1000000

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	o OE	RTIFICAT				st. No	. 32	
1. PLACE OF DEATH: COUNTY Balto. CITY (If outside corpora			2. USUAL RES	IDENCE (HOME) OF	DECEAS	ED:		
county Balto.		MARYLAND	STATE	Md. COUNT		1	rete	
	own)	(in this place)	CITY(If outsi OR TOWN	de corporate limits, wri	te RURAL	and gi	ve neares	t town)
HOSPITAL OR RO	bb Nursing Ho		STREET ADDRESS	305 Reisterst		•	1	
3. NAME OF (FI	est) (Mi	iddle)	(Last)	4. DATE (Mo	onth)	(Day)	(Ye	ar)
DECEASED: (Type or Print) MAI	RVIN HERBE	RT MOORI	2	OF DEATH: C	oct.	28,	19	55
5. SEX: 6. COLOR C RACE: White	7. SINGLE, MARI WIDOWED, DI (Specify): div	VORCED	of BIRTH: 27, 1903	9. AGE last birthday 52 yrs.		Days Days	Hours	24 HRs. Min.
NOA. USUAL OCCUPATION (work done during most of even if retired): Clerk	Give kind of NOB. KIN OR OR	D OF BUSINESS		E (State or foreign cou	ntry): 12	COU	ZEN OF NTRY?	WHAT
13. FATHER'S NAME:	1 011	001		MAIDEN NAME:				
George R. M	loore		Effie E.	Gosnell				
15. WAS DECEASED EVER IN U.S.	ARMEO FORCES? 18. Se	OCIAL SECURITY NO.	17. INFORMAN		Pike sv:	ille.	Md.	
(Yes, no, or unk.) (If Yes, given of service)	re war or dates		Mrs. Mild	lred Krumm - 3				n Rd.
IMMEDIATE CAUS			variage m	The Company of	a more			The Part of the Pa
	S, IF ANY. (B) VE CAUSE AUSE LAST. (C)	Can	in y	th Phan	ynx	7	- zu	3
	(S) S, IF ANY, VE CAUSE AUSE LAST. (C) ONDITIONS CONTRIE T RELATED TO THE	Can	in y	th Phan	ynx		- zu	15
II OTHER SIGNIFICANT OF THE DEATH BUT NO DISEASE OR CONDITION 19A. DATE OF OPERATION:	(\$) S, IF ANY. VE CAUSE AUSE LAST. (C) ONDITIONS CONTRIE T RELATED TO THE N CAUSING DEATH.	Can		th Phan	ynx	20 YE	o. AUTO	DPSY7
II OTHER SIGNIFICANT OF TO THE DEATH BUT NO DISEASE OR CONDITION 19A. DATE OF OPERATION:	(S) S, IF ANY. VE CAUSE AUSE LAST. (C) ONDITIONS CONTRIE T RELATED TO THE N CAUSING DEATH. 19B. MAJOR FINDI	Can	N tory. 21c. WHERE	E DID (City or town)	(Con		5 🗍	
II OTHER SIGNIFICANT OF TO THE DEATH BUT NO DISEASE OR CONDITION: 21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EITHER, NOTIFY MEDICAL E OF INJURY)	(S) S. IF ANY. VE CAUSE AUSE LAST. (C) ONDITIONS CONTRIE T RELATED TO THE N CAUSING DEATH. 19B. MAJOR FINDI RLYING 21B. PLA E OF DEATH XAMINER) 21B. PLA OF INJU	EUTING ACE (Home, farm, face Ry street, office bldg INJURY OCCURRETE Not while	tory. 21c. WHERE	E DID (City or town)	(Con	YE	5 🗍	№ □
II OTHER SIGNIFICANT C TO THE DEATH BUT NO DISEASE OR CONDITIO 19A. DATE OF OPERATION: 21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E 21D. TIME (Month) (Day) (OF INJURY) 22. I hereby certify that	S. IF ANY. VE CAUSE AUSE LAST. (C) ONDITIONS CONTRIET RELATED TO THE N CAUSING DEATH. 198. MAJOR FINDING RLYING TO FINDING E OF DEATH OF INJU Year) (Hour) M. 21E. While M. 8t we	INGS OF OPERATIO ACE (Home, farm, fac RY street, office bldg., INJURY OCCURRET Not while at work	tory. 21c. WHERE etc. NJURY OCC	E DID (City or town) CUR? D INJURY OCCUR?		yE unty)	(St	NO []
II OTHER SIGNIFICANT OF THE DEATH BUT NO DISEASE OR CONDITION IPA. DATE OF OPERATION: 21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUSE OR CONTRIBUTING CAUSE OF INJURY 22. I hereby certify that alive on CAUSE OF INJURY	S. IF ANY. VE CAUSE AUSE LAST. (C) ONDITIONS CONTRIET RELATED TO THE N CAUSING DEATH. 198. MAJOR FINDING RLYING TO FINDING E OF DEATH OF INJU Year) (Hour) M. 21E. While M. 8t we	INGS OF OPERATIO ACE (Home, farm, facery street, office bldg., INJURY OCCURRETE Not while ork at work eased from	tory. 21c. WHERE etc. INJURY OCC. 21f. HOW DII	DID (City or town) CUR? DINJURY OCCUR? the causes and on	that I la	yeunty)	(St	ate)
II OTHER SIGNIFICANT CONTINUED TO THE DEATH BUT NO DISEASE OR CONDITION 19A. DATE OF OPERATION: 21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXCIPTION OF INJURY) 22. I hereby certify that alive on American Contribution (Day)	S. IF ANY. VE CAUSE AUSE LAST. (C) ONDITIONS CONTRIET RELATED TO THE N CAUSING DEATH. 19B. MAJOR FINDING TO THE N CAUSING DEATH. 21B. PLACE OF INJU XAMINER) Year) (Hour) 1 attended the decomposition of the second s	INJURY OCCURRETE At work at work death occurred at	tory. 21c. WHERE etc. INJURY OCC. 2 21f. HOW DII 1. 19. 0, to M, from ADDR 1. D. 1413 June ERY OR CREMATO	the causes and on ESS LOCATION (City or town) LOCATION (City or town) LOCATION (City or town) LOCATION (City or town) LOCATION (City or town)	that I la the date D IMEN	unty) ast saw e state ATE SI	(Stored above GNED	ate)
DISEASES OR CONDITIONS GIVING RISE TO THE ABO STATING UNDERLYING CA II OTHER SIGNIFICANT OF THE DEATH BUT NOT DISEASE OR CONDITIONS 21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL ENGRAPH OF INJURY) 22. I hereby certify that alive on SIGNATURE 23. BURIAL, CREMATION.	S. IF ANY. VE CAUSE AUSE LAST. (C) ONDITIONS CONTRIET T RELATED TO THE N CAUSING DEATH. 19B. MAJOR FINDI RELYING 21B. PLA E OF DEATH OF INJU XAMINER) Year) (Hour) 21E While M. I attended the decomposition.	EUTING ACE (Home, farm, face Ry street, office bldg. INJURY OCCURRED Not while at work at work death occurred at NAME OF CEMET Balto. Cer	tory. 21c. WHERE ELC. INJURY OCC. 21F. HOW DII	COT 77, 1955, the causes and on Ess	that I la the date D IMEN	unty) ast saw e state ATE SI	(Stored above GNED	ate)

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THE STATE OF STREET

VS. A15

CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give-nearest town) TOWN (in this place)	CITY (If outside corporate limits, write OR ESSEX
HOSPITAL OR INSTITUTION OR STREET ADDRESS 307 MARSARET	STREET ADDRESS 307 MAR
3. NAME OF (First) (Middle) DECEASED: (Type or Print) GRACE	(Last) 4. DATE (Moore of DEATH: //
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAYE O WIDOWED, DIVORCED. 7. Specify:	F BIRTH: 9. AGE inst birthday
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) were to be usually the second of the working life, even if retired) were to be usually the working life, even if retired to be usually the working life, even in the working life,	Boston
18. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
I5. Was Deceased Ever In U.S. Armed Forces 7 16. Social Security No.: 17. 1 (Yes, no, or unk.) (If Yes, give war or dates of service)	INFORMANT & ADDRESS: Helfre Boar
18. MEDICAL CH	ERTIFICATION
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS:	tde Cardio-Virsus
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) IOMICIDE INJURY	(CITY OR TOWN) (CO
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY M. work at work	HOW DID INJURY OCCUR?
SKAATURE (DEGREE OR DITLE	Y OR CREMATORY LOGATION (CH
17/8/55 back Hully	Am /1 Comme

9519

1. PLACE OF DEATH:

COUNTY

INTERVAL BETWEEN ONSET AND DEATH

Reg. Dist. No. 45

2. USUAL RESIDENCE (HOME) OF DECEASED:

COUNTY STATE

CITY (If outside corporate limits, write RURAL and give nearest town)

give location)

(Day)

: | IF UNDER 1 YEAR | IF UNDER 24 HRS. Months | Days Hours

12. CITIZEN OF WHAT intry): COUNTRY?

20. AUTOPSY?

Yes No JNTY) (STATE)

hat I last saw the deceased on the date stated above.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

MARYLAND

DATE SIGNED

(State)

ADDRESS



OCT 20 1955

BUREAU V. &

CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH- COUNTY Baltimore MARYLAND CITY (H outside corporate limits, write RURAL and OR give nearest town) Parkville (in this place)	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland CITY (If outside corporate limits, write RURAL and give OR Baltimore	Baltimore
HOSPITAL OR 7803 Wilson Avenue 7803 Wilson Avenue	STREET ADDRESS 7803 Wilson Avenue #14	
3. NAME OF (First) (Middle) DECEASED (Type or Print) Mr. Thomas H. Nail	OF DEATH Octobe	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	June 6, 1898 5/ ym. 1	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry	Springridge, Mississippi 14. MOTHER'S MAIDEN NAME	CITIZEN OF WHAT
Mr. John Nail	Rhoda ?	
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of 215-03-8340)	Mrs. Mary Helen Nail, 7803 Wilso	n Ave #14
giving rise to the above cause stating the underlying cause last (c)	notic Hears Dirian	1 day 1 y v.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY		(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
	5, 19 50, to Oe5 16, 19 5 5, that I last sa	

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the certificate has been executed by the attending physician and completely filled in death certificate assembly should be detached for use as a burial transit permit.

Coop

9511

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH BALTIMORE		MARVI.	ENCE (HOME) OF I	BALTIMORE	
COUNTY CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	STATE	COUNTY		
OR end give neerest town)	(in this ptece)	OR	orporate limits, write RURAL	end give neerest low	n)
54 TOWN MIDDLE RIVER	6 YRS	. TOWN MID	DLE RIVER		54
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural g	Ive location)	2
STREET ADDRESS 1600 SHORE RD.		1	600 SHORE RD		
3. NAME OF (First) DECEASED	(Middla)	(Lest)	4. DATE (M	onth) (Dey)	(Yaar)
(Type or Print) ANTHONY JOSEPH 1	NARESKY		DEATH ()	CT. 28	10 55
S. SEX 6. COLOR OR 7. SINGLE, MAI	RRIED, 8. DA	TE OF BIRTH	9. AGE lest birthdey	I IF UNDER 1 YEAR	
MALE RACE WIDOWED, (Specify) M.	DIVORCED, ARRIED J	UNE 12,1899	56 yrs.	Months Doys	Hours Min.
done during most of working life, evan If	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)		ZEN OF WHAT
13. FATHER'S NAME	RCRAFT MFG.	BALTO MAR'		U.	S.
ANTHONY NARESKY		and the second s	ONSTANCE KUA	CHAUAS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO	. 17. INFORMANT	& ADDRESS		
(Yes, no, or unk.) (If Yas, give war or detes of service)	218-09-9881	TETACA MAT	TROVV		
NO		ZELMA NAI	ALLON I	0.0	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	H O	CERTIFICATION			TERVAL BETWEEN
162X IMMEDIATE CAUSE (A)	Brone	heogenie	W. l.		
ANTECEDENT CAUSE(S) DUE TO		0	note l.	/	10mail
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO			00,700	7	Orverce
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
190. DATE OF OPERATION 19b. MAJOR FINDING	S OF OPERATION			YE	20. AUTOPSY?
OR CONTRIBUTING CAUSE OF DEATH OF INJURY STREET	ome, farm, fectory, t, office bldg., etc.)	21c. WHERE DID INJURY OC	CUR? (City or town)	(County)	(Stata)
(IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2	1e. INJURY OCCURRED	1 214 HOW DID WHITE	C(10.2		
W	/hila Not while twork	21f. HOW DID INJURY OC	CUR?		
22. I hereby certify that I attended the dec	ceased from	4 , 19 55, 10 10	OCV 28, 195	Z, that I fast so	aw the deceased
alive on 10/120, 19.5 ar	nd that death occurre	d at + AM, from the	e causes and on the	date stated abo	VA
SIGNATURE L. Modark	un veno		DRESS (Street) city, to		DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY	OR CREMATORY	LOCATION (City, to	wn. or county)	(State)
BURLAL OCT. 31, 19		EART OF JESUS	BALTO. CO.		(31018)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU	RE	25. FUNERAL DIRECTOR	S S GNATURE	ADDRES	isus A
DATE 10/28/55 (Sich	Herrley.	Hames!	Buyde uns	6,14.67	Earlyn

CERTIFICATE OF DEATH The rest of the second BUREAU V. S. THE PERSON OF TH

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles Street, Baltimore

09506

	E OI DEILLI Reg.	Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEAS	
Da (to Co MARYLAND	STATE ALL Balt	COUNTY
OR givo nearest town LENGTH OF STAY (in this piace)	CITY (II outside corporate limits, write RUR	AL and give nearest town)
TOWN / OIN SON-	TOWN / 6 MY SO M	55
HOSPITAL OR INSTITUTION OR	STREET (If rural, give	ocation)
STREET ADDRESS 6/7. Ve baugh AV-e	617. Deboug	2 AVR
3. NAME OF (First) (Middle)	(Last) 4. DATE (M	Ionth) (Dey) (Year)
(Type or Print) Jezusha	QUINY DEATH 10	et // 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE iast hirthday	If under 1 year If under 24 hrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	Fa63-1874 8 yrs.	
done during most of working iffe, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 9+ Hone	1 14. MOTHER'S MATDEN NAME	usa
Charlatapha CAYCATEL	C	
15. Was Decrased Ever IA U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (Il yes, give war or dates of	17. INFORMANT AND ADDRESS	~
(Yes, no, or unknown) (IVyes, give war or dates of service)	Mrs Marie Horton	117 Dalace 1 A.
18. MEDICAL CE	RTIFICATION	or De Dough AI
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
430 immediate cause (a) arteriosclero	to dbatation	2
Immediate cause (a)_UUUUUU	uc rease fisease	Jugar
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause just	artenosclerosia	₽ ^d
(c) Hy hastrobly	of Henry	34000
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition ceueing death.	chitis & Asthuna	20 years
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AU DPSY?
		Yes 🗆 No 📉
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY		COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY — m. While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6 - 7-	1954 to 10-16 - 1955 that	I last saw the deceased
alive on	ADDRESS and on the	date stated above. DATE SIGNED
23. BURIAL CREMATION SATE STRUCTURE NAME OF CEMETE!	RY OR CREMATORY LOCATION (City, tow	10-12-55
MMOVAL (Specify) 10/ML/5J- Tziniti Eb	iscopal Centoing Green	Balto Md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR	ADDRESS
The reality	dassahn turneral Hom	e 7401. Below Ro
Dur		

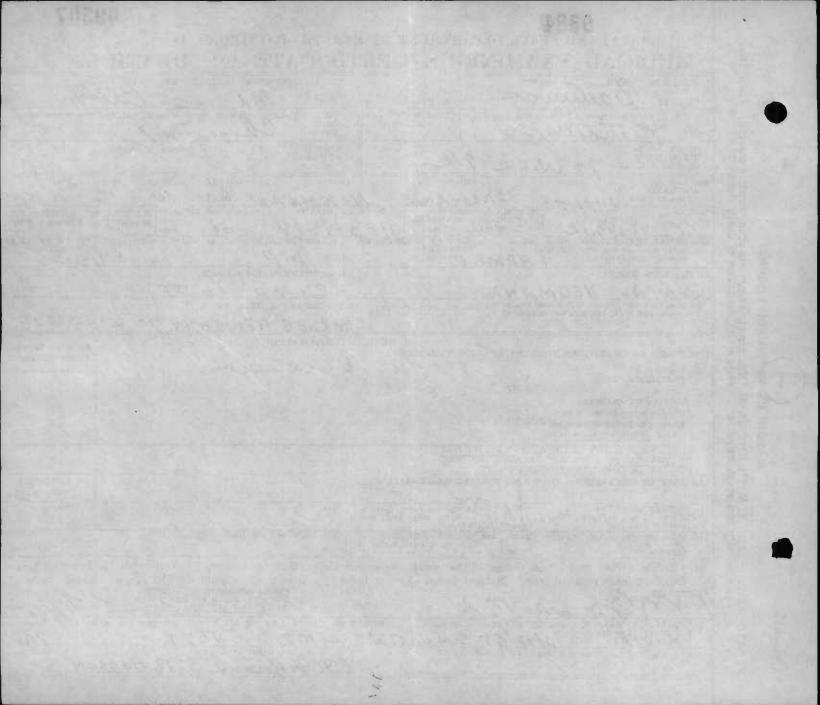
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

2 - S. N. Charles St.



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9513	ATE DEPARTMEN CERTIFICATI		NTT	8 09508 Dist. No.
1. PLACE OF DEATH:		I 2 IISHAL RESIDE	NCE (HOME) OF DECE	ASED:
		MADV	T AND	noco.
COUNTY BATTIMORE CITY (If outside corporate limits, write RI OR and give nearest town) TOWN FORT HOWARD	JRAL LENGTH OF STAY (in this place)	OR	COUNTY corporate limits, write RUR.	AL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS TERANS ADMINI		STREET	(If rural give local	tion)
3. NAME OF (First) DECEASED:	(a.m. ama)	(Last)	4. DATE (Month) OF DEATH: OCTOB	(Day) (Year) ER 15, 1955
(Type or Print) RICHARD 5. SEX: 6. COLOR OR 7. SINGLE, WIDOWE (Specify):	MARRIED, 8. DATE D, DIVORCED.	OF BIRTH:	AGE last birthday Month	ER 1 YEAR IF UNDER 24 HRS.
	. KIND OF BUSINESS OR INDUSTRY:	Plymouth, N.	State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MA		
ABRAHAM NICHOLS		SARA BOLDEN	V	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service)	218-10-1128	17. INFORMANT 8	ADDRESS:	oward Md
	8. MEDICAL CERTIFICAT			INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY I		OF BLADDER		28 MONTHS
	UE TO			
DISEASES OR CONDITIONS, IF ANY.	(B) UE TO			
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING DE	NTRIBUTING HE			
19A. DATE OF OPERATION: 19B. MAJOR	FINDINGS OF OPERATION	N		20. AUTOPSY? YES NO
	B. PLACE (Home, farm, fac INJURY street, office bldg.,	etc. INJURY OCCUP	₹7	County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work	21F. HOW DID I	NJURY OCCUR?	
22. I hereby certify that/ nattended the advector and pignature and			e causes and on the d	
23. BURIAL, CREMATION, DATE THEREORY BURIAL (SPECIFY) BURIAL (SPECIFY) 10/19/55	NAME OF CEMET	I.D. VAH. FORT ERY OR CREMATORY		
DATE REC'D BY LOCAL REGISTRAR'S		CHARLES R.		ADDRESS

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VS.

MARYLAND STATE DEPARTMEN			09509/
9514 CERTIFICATI	E OF DEAT	H Reg. Dist.	No. 7.4
1. PLACE OF DEATH:		CE (HOME) OF DECEASED);
COUNTY BALTIMORE MARYLAND	DISTRICT OF	COUNTY	
City (If outside corporate limits, write RURAL or and give nearest town) TOWN FORT HOWARD LENGTH OF STAY (in this place) 48 DAYS	OR TOWN WASHI	rporate limits, write RURAL a	47 X -3
HOSPITAL OR SO STREET ADDRESSETERANS ADMINISTRATION HOSPITA	STREET ADDRESS	(If rural give location) - 25th Street, S.	F /
	L 1744 (Last)		Duy) (Year)
DECEASED: (Type or Print) JOHN E. NOBL	E	OF DEATH OCTOBER	19 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED 3-4-9	6	59 yrs.	ays Hours Min.
work done during most of working life, even if retired): PATHOLOGIST	BRANCHVILLE,	s. CAROLINA U	COUNTRY? S. A.
13. FATHER'S NAME:	14. MOTHER'S MAII	DEN NAME:	
GEORGE M. NOBLE	17 1150814117 0	ADDRESS	
(Yes, no, or unlo) (If Yes, give war or dates of service) WW I	CLIN.REC. VET	ADM.HOSP.,FT.HOW	ARD.MD.
18. MEDICAL CERTIFICAT			INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DEATH
IMMEDIATE CAOSE	C LATERAL SCLE	ROSIS	UNKNOWN
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			(State)
OF INJURY OF INJURY OF INJURY OF INJURY OTHER (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work at work			
22. I hereby certify that X attended the deceased from SEPT	1, 19.55, toOCTO	BER 1919 55, MXX XXXX	bedreson and made
NXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		causes and on the date	
FRANCIS G. DICKEY, M.D., Chief, Medical Service	. D. VAH, FORT H	OWARD, MARYLAND	10-20-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET REMOVAL (SPECIFY) 10-22-55 CEDAR HILL C	ERY OR CREMATORY	Prince Georges	

ADDRESS

BUREAU V. K.

OCT 24 1955

OBAIDS !

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 33

I. PLACE OF DEATH:		
	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Baltimore MARYLAND	STATE Md. COUNTY Baltin	nore
CITY (If outside corporate limits, write RURAL OR and give nearest town) Y TOWN Reisterstown LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Reisterstown	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Hanover Road	STREET (If rural, give location) ADDRESS Old Hanover Road	/
S. NAME OF (First) (Middle) DECEASED: (Type or Print) Thomas Norris	(Last) 4. DATE (Month) (Day OF DEATH Oct 19,19	,
Male White Specify Narried June		ys Hours Min.
work done during most of work life, Reven if retired); ployee of Balto.Co.Roads	R 11. BIRTHPLACE (State or foreign country): 12. England	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Thomas Norris	Jane Rickson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
No service)	Margaret U.Norris, Reistersto	own, Md.
	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
901.0 7 Tured		121/0
Immediate cause (a)	Hand (base)	Warren.
DUE TO	Shull (base)	Ushra
Antecedent cause(s)	2 brough (Stalk f	Ustra
Antecedent cause(s) Diseases or conditions. If any. (b)	Abrest (Nach	Ustra.
DUE TO Antecedent cause(s) Diseases or conditions, If any, (b) giving rise to the above cause DUE TO stating underlying cause last	2 Street L. C. Caller	Ustra
DUE TO Antecedent cause(s) Diseases or conditions, If any, (b)	L.	. U. LANGER
Antecedent cause(s) Diseases or conditions, if any, (b)	we.	20. AUTOPSY?
Antecedent cause(s) Diseases or conditions, if any, (b)	<u></u>	20. AUTOPSY? Yes \(\text{No.} \(\text{No.} \)
Antecedent cause(s) Diseases or conditions, If any, (b)	, 21c. (City or town) (County)	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY ROT CONTRIBUTING OF Street, office bidg., etc. CAUSE OF DEATH.	, 21c. (City or town) (County) " Reistiratown Balto	Yes No No
Antecedent cause(s) Diseases or conditions, if any, (b)	, 21c. (City or town) (County)	Yes No No
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF OPERATION: 21d. TIME (Month) (Day) (Year) (Hour) OF Street, office bidg., etc. INJURY OCCURRED OF OF Street, office bidg., etc. INJURY OF OPERATION: 21d. TIME (Month) (Day) (Year) (Hour) OF Street, office bidg., etc. INJURY OCCURRED OF OF OPERATION: 22. I hereby certify that I took charge of the remains descri	21c. (City or town) (County) Restratown Balt 21f. How DID INJURY OCCUR? Fell from ladder while bed above, held an Autopsy , Inspection ,	Yes No
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF OCONTRIBUTING OF OPERATION: 21d. TIME (Month) (Day) (Year) (Hour) OF Street, office bidg., etc. INJURY OF OF OPERATION: 21d. TIME (Month) (Day) (Year) (Hour) OF Street, office bidg., etc. INJURY OF OPERATION: 22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes 7, Accident	21c. (City or town) (County) Restratown Balt 21r. How DID INJURY OCCURT Full from ladder while bed above, held an Autopsy , Inspection , dent , Suicide , Homicide , Undeter	Yes No
Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause DUE TO stating underlying cause last (c) III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) OF Street, office bldg., etc. INJURY OF While at Not while INJURY OF AM. While at Not while INJURY OF AM. While at work of the remains descrifted that death resulted from: Natural causes 7, Accies	21c. (City or town) (County) "Restartown Balto 21f. How DID INJURY OCCUR? The from ladder while bed above, held an Autopsy [], Inspection [], dent [], Suicide [], Homicide [], Undeter CHIEF MEDICAL EXAMINER []	Yes No
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Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING OF OF Street, office bldg., etc CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. InJURY OCCURRED OF OF OF OPERATION: 19b. MAJOR FINDING OF OPERATION: While at work of the work of the remains descrifted that death resulted from: Natural causes 7, Accies SIGNATURE 22. BURIAL, CREMATION, REMOVAL (Specify):	21c. (City or town) (County) "Restartown Balto 21f. How DID INJURY OCCUR? The from ladely while bed above, held an Autopsy , Inspection , dent , Suicide , Homicide , Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. RY OR CREMATORY LOCATION (City, town, or controlled)	Yes No No (State) (State) Thad Fairling Inquiry , and mined cause DATE SIGNED 10/24/55
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Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OF MAY M Work M at work wile injury M work M at work wile work M work M at work of a two work M at work M work M at work of a two work M at work M work M work M work M at work M wor	21c. (City or town) (County) Resturator Ralt 21f. How DID INJURY OCCURT Tell from laclor while bed above, held an Autopsy , Inspection , undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. RY OR CREMATORY LOCATION (City, town, or constant of the county of t	Yes No (State) (State) (State) (Md (Inquiry M, and mined cause DATE SIGNED (O) 24/55 unty) (State)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF OPERATION: 21d. TIME (Month) (Day) (Year) (Hour) OF Street, office bidg., etc. INJURY OCCURRED OF OPERATION: While at Work More at work of the remains descrifted that death resulted from: Natural causes 7, Accies SIGNATURE 22. BURIAL, CREMATION, REMOVAL (Specify): CCT. 21/55 NewCathedr DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	21c. (City or town) (County) "Restartown Balto 21f. How DID INJURY OCCUR? The from ladder while bed above, held an Autopsy Inspection Modern CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. RY OR CREMATORY LOCATION (City, town, or contact of the part of th	Yes No (State) (State) (State) (Md (Inquiry M, and mined cause DATE SIGNED (O) 24/55 unty) (State)

UNFADING INK. Supply every item of information carefully. T. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH age is especially important.

VS. A15A - 5 - 53

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Baltimore, Maryland

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REGISTRAR

DATE REC'D

BY LOCAL

REGISTRAR'S SIGNATURE

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correct

WRITE

TYPE

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	09512
9517 CERTIFICATE OF DEATH Reg. Dist.	No. 3/
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED	D: 1
COUNTY B T MOYE MARYLAND STATE COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town) TOWN TOWN COUNTY STATE COUNTY COUNTY OR TOWN TOWN	nd give nearest town)
HOSPITAL OR INSTITUTION OR OSTREET ADDRESS Wilson State # ADDRESS Cockeypmill	Road.
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (I DECEASED: (Type or Print) Condon Red Codes Condon DEATH: Cleft.	(Year) 20 1955
male white (specify) married from 1, 1904 3/ yrs.	ays Hours Min.
even it retired; 5 may as humber Zohb Va	COUNTRY?
13. FATHER'S NAME: 14. MOTHER'S NAME: Wymer Willie Wymer	
15. WAS DECESSED EVER IN U.S. ARMED FORCEST 16. SOCIAL SCORITY NO. 17. INFORMANT & ADDRESS WILSON S (Yes, no. or unk. West the warper dates 219-14-699) Hosp. Records. Mt. Wilson. M	tate Hosp.
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
i diseases or conditions directly leading to death 1002 X IMMEDIATE CAUSE (A) Pulmonary Tuberculosis	8 years
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	
II OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING</u> TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory.) 21C. WHERE DID (City or town) (Count of Count of	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
22. I hereby certify that I attended the deceased from Sept 14, 19 55 to act. 2,919 55 that I last	saw the deceased
alive on Coct. 1955, and that death occurred at 9:204M, from the causes and on the date SIGNATURE DAT	stated above.
M. D. Mt. Wilm MD. 23. BURIAL, CREMATION, DATE THEREOF NAME-OF CEMETERY OR CREMATORY LOCATION (City, town, or REMOVAL (SPECIFY)	county) (State)
Busing 10.24-55 3elp 3elp 76	ezinca.

24. FUNERAL DIRECTOR

ADDRESS

A15-10-53 VS.

A DVERNA X ST.

CC 2 1022

NSTRUCTIONS

4 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09513

9518 CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	D
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give neerest town) (In this place)	CITY (If outside corporate limits, write RURAL and give nea	erest town)
X TOWN Fort Howard Li Hours	TOWN Baltimore	3401.4
HOSPITAL OR	STREET (If rurel give location) ADDRESS	
50 STREET ADDRESS eterans Administration Hospital	1321 West Baltimore Str	reet. V
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Dey) (Yeer)
(Type or Print) ANTHONY PARE	CER DEATH October	25 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE (R I YEAR JIF UNDER 24 HRS.
Male White (Specily) Married 11/8	8/17 37 yrs. Months	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
retired Soldier Retired	Mobile, Alabama	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Anthony Parker	Elizabeth Harris	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or unk.) (If Yes, give wer or detes of service) Yes Korean 211-05-3211	Clin.Rec. Vet.Adm.Hosp.Ft.	Hamand Md
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
526 X IMMEDIATE CAUSE (A) PULMONARY EMPHYSE		UNKNOWN
ANTECEDENT CAUSE(S) DUE TO BRONCHIECTASIS, C	CHRONIC	UNKNOWN
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE		
STATING UNDERLYING CAUSE LAST. DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		TTATALANDA
TO THE DEATH BUT NOT RELATED TO THE COR PULMONALE DISEASE OF CONDITION CAUSING DEATH.		UNKNOWN
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, factory,	21c. WHERE DID INJURY OCCUR? (City or town) (Cou	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)		
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
M. While Not while of work of work	9.00 434	
22. I hereby certify that Kattended the deceased from October	21 1955 toOctober 25.19 55 thank	viaction with evidenmined
divergence of the state of the		
SIGNATURE	ADDRESS (Street, city, town, stete)	DATE SIGNED
Francis G. Dickey M.B. Chief Medical Sangi	TAU FORM HOWARD MARKETAND	20 00 00
23. BURIAL CREMATION. PATE THEREOF 7 7 NAME OF CEMETERY OR	CREMATORY FORT HOWARD MARY AND SOUND	1) 10-25-75 (State)
REMOVAL (SPECIFY)	ational Comptant Baltimore, Mc	1.
24. RECID BY REGISTRAR REGISTRAR'S SIGNATURE	ational Camptony Baltimore, Mo	ADDRESS
DATE Oct. 28, 1955 Stawsond. Farkey	Harry H. Witzke, 1101 Edmonds	on Ave Ralto 1

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	CONTRACTOR SECURIOR S	LUE TORBAN				
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					Description Rowsell	
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	fices of a law stay of ref.			<i>þ</i> s.		
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PLE!

CERTIFICATE OF DEATH 9392 Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Baltimore Baltimore Md. COUNTY MARYLAND STATE COUNTY CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town) (in this place) TOWN Relav Relay TOWN HOSPITAL OR (If rural, give location) STREET INSTITUTION OR ADDRESS 36 Rolling Rd. STREET ADDRESS 1536 Rolling Rd 3. NAME OF 4. DATE (Middle) (Last) (Month) (Day) (Year) DECEASED: Elizabeth Patterson (Type or Print) DEATH: 10-19-55 5. SEX: 6. COLOR OR 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. SINGLE, MARRIED. 8. DATE OF BIRTH: WIDOWED, DWORCED, (Specify) Jan. 15. 1861 Months Days Hours female 10a. USUAL OCCUPATION (Give kind of) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country): work done during most of working life, INDUSTRY: COUNTRY? even if retired on sewife Baltimore home 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Rose Kelly Hamilton Riall 15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of Helen McHale, 1538 Rolling Rd. none 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH (a) Generalized Arteriescleresis Unknown Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last 11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION: 1 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes No K 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) SUICIDE office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while INJURY work [at work 22. I hereby certify that I attended the deceased from July, 19.49, to Oct. 19, 19.55, that I last saw the deceased alive on ... Oct. ... 17., 19.55., and that death occurred at ... 11:20. Am., from the causes and on the date stated above. SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED 1 "allew Hill Ave., Baltimere, Md 10/21/55 23. BURIAR, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify): Baltimore 1.0-22-55 Loudon Par DATE RECID BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

2361 PG 130

DECENTED

MARYLAND

9519

CEDTIFICAT	TE OF DEATH	2
	TE OF DEATH Reg. Dist. No.	0
Item 8, FilmGl88 10-28-55 et		
I. PLACE OF DEATH.	1 2. USUAL RESIDENCE (HOME) OF DECEASED.	<u> </u>
COUNTY Bellemene MARYLAND	STATE Marrian COUNTY	Cely
CITY (If outside corporate limits, write RURAL and LENGTH OF, STAY)	CITY (If outside corporate limits, write RURAL and giv	ve nearest town)
OR give nearest town (in, this flace)	TOWN Bellemene 3	VO1-4
HOSPITAL OR INSTITUTION OR BELLEN	STREET ADDRESS / / 24 Wellsen due	/
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print) MARGARET ELIZABET	H FENSE DEATH below	19 193
6. COLOROR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 769. AGE last birthday If under Months.	I year If under 24 hi Days Hours Mir
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10 Memaker 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry		COUNTRY? WHA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John lensel	Merie Runckel	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	The Marie Roelly Patril	- mel
18, MEDICAL CE	PETITION	INTERVAL BETWEE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	BILLION	ONSET AND DEAT
1443X Immediate cause (a) Cerebral Vassa	elas accident	8 days
Antecedent cause(s)	bearla hilatal	3/1
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	OV Dises	- cayos
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No [
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF White at Not While INJURY m. Work At work		
22. I hereby certify that I attended the deceased from Action (e.	, 1955, to Act 19, 1955, that I last s	aw the deceased
alive on Act. 19, 1955, and that death occurred at SIGNATURE (Degree or title)	ADDRESS Am, from the causes and on the date st	DATE SIGNED
23. BURIAL, CREMATION DATE 10/22/55 NAME OF CEMETE WOOdlawn	RY OR CREMATORY LOCATION (City, town, or count Com. Wood Lawn, Md.	ty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	240 FUNERAL DIRECTOR	DODRESSAIL

correct age is especially important. Physiciansk please write the causes of death clearly and legibly.

The

VS.

9520 CE	RTIFICATI	E OF DEA	ΓH Reg. Di	st. No.
1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF DECEAS	ED:
COUNTY BALTIMORE	MARYLAND	STATE MARY.	LAND COUNTY	
CITY (If outside corporate limits, write RURA		CITY(If outside	corporate limits, write RURAL	and give nearest town)
OR and give nearest town) X TOWN FORT HOWARD	(in this place)	TOWN BALT	TMORE	3 vo 1 - 4
HOSPITAL OR	1 J DATO	STREET	(If rural give locatio	
INSTITUTION OR STREET ADDRESS STORED AND ADMINIT	CMDAMION HOCDI	ADDRESS	ON N CTIMODE	Cutticion
3. NAME OF (First) (1		(Last)	237 N. GILMORE	
DECEASED:	/		OF	منے فیے ہے
(Type or Print) RONIOUS 5. SEX: 6. COLOR OR 7. SINGLE, MA.		OF BIRTH:	9. AGE last birthday IF UNDER	1 YEAR IF UNDER 24 HRE.
RACE: WIDOWED, E	IVORCED,	1-0/	Months	Days Hours Mln.
MALE COLORED D	TVORCED 7/	18/10	State or foreign country): 12	
work done during most of working life,	R INDUSTRY:	II. BINIHPLACE	State of Totalgii country); 12	COUNTRY?
LADCH ER UU	NTRACTOR WORK	WALSTONBU		U.S.A.
13. FATHER'S NAME:		14. MOTHER'S M.	AIDEN NAME:	
EDD PERRY		ANNIE WIL		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unk.) (If Yes, give war or dates	SOCIAL SECURITY NO.	17. INFORMANT	& ADDRESS:	
at constant	1 16 5913	CLIN REC. VE	r. ADM. HOSP. FT. HO	WARD. MARYLAND
	MEDICAL CERTIFICAT			INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEAD	DING TO DEATH			ONSET AND DEATH
IMMEDIATE CAUSE (A)	LOBAR PNEUM	ONIA		10 DAYS
ANTECEDENT CAUSE (S)	то			
DISEASES OR CONDITIONS, IF ANY, (B)				
GIVING RISE TO THE ABOVE CAUSE DUE STATING UNDERLYING CAUSE LAST.	TO			
(C)				
II OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING			
10 THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	PANCREATITIS,	ACUTE SECOND	DARY TO ABOVE	
194. DATE OF OPERATION: 198. MAJOR FIN	DINGS OF OPERATION	N		20. AUTOPSY?
				YES NO
21A. ACCIDENT WAS UNDERLYING 218. PI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ACE (Home, farm, fact URY street, office bldg.,	etc. 21c. WHERE I		inty) (State)
OF INJURY Wh	ile Not while at work	21F. HOW DID	NJURY OCCUR?	
TZA		00 22		
22. I hereby certify that Kattended the de	ceased from SEPT	28 , 19.55 to OC	T. 1., 19 55 threamla	at any the deceased
THE COURSE	11 484	A. MADDRES	S D	ATE SIGNED
25 EURIAL CREMATION, DATE THEREOF		ERY OR CREMATORY	RT HOWARD, MARYLA	
REMOVAL (SPECIFY) 10/5/55	BALTIMORE NAT			ARYLAND
DATE REC'D BY LOCAL REGISTRAR'S SIG		CHARLES R.	LAW FUNERAL HOME	ADDRESS
		802 MADISON	AVE. BATTIMORE.	MD

to see secure designation of the The state of the s 2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

21

Item 9, Film 188 11-1-55 et	E OF DESTAIL Reg. Dist. No	
1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY	4
CITY (If outside corporate limits, write RURAL and Cin this place) TOWN CITY (If outside corporate limits, write RURAL and Cin this place)	CITY (If outside corgorate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR OSTREET ADDRESS	STREET ADDRESS 3533 (If rural, give location)	erylos
3. NAME OF DECEASED (Middle) (Middle) (Type or Print)	(Leet) 4. DATE (Month) OF DEATH (L.L.)	(Day) (Year)
5. SEX COLOR OR BACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Myd1,186111 9140 yra	Days Hours Min
done during most of working life, even if retired) 10st. KIND OF BUSINESS OR INDUSTRY	Candland	COUNTRY OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1'00 10
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS Mariel Coloffers 353	Cherry
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a little and a little and	Alexo recox-	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last	J	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR!	
22. I hereby certify that I attended the deceased from	1955, toled-24, 1955, that I last sa	w the deceased
SIGNATURE (Degree or title)	ADDRESS from the causes and on the date sta	ated above. DATE SIGNED
23. BURIAL, CREMATION DATE NAME OF CEMETER REMOVAS (Specify)	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
DATE REC'D BY LOCAL PREGISTRAR'S SIGNATURE REG. 0 25/55	Pering Dyen 5005 Pk	ADDRESS
38	Batts 15	Med.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19518)

CERTIFICATE OF DEATH 9522

Reg.	Dist.	No.	4
Reg.	Dist.	No.	4

1. PLACE OF DEATH:		2. USUAL RESIDEN	CE (HDME) OF DECEAS	ED:
COUNTY BALTIMORE	MARYLAND	STATE PENNS	YLVAN LACOUNTY	
CITY (If outside corporate limits, write RURA OR and give nearest town)			orporate limits, write RURAL	and give nearest town)
X TOWN FORT HOWARD	101 DAYS		DELPHIA	75 x-3
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rurai give locatio	n) /
STREET ADDRESS VE TERANS ADMINIS	TRATION HOSPIT	AL 1939 1	ELSTON STREET	V
3. NAME OF (First)		(Last)	4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) JOHN (NMI) F	INKERTON	OF DEATH: OC TOBER	20 1955
5. SEX: 6. COLOR OR 7. SINGLE, MA RACE: WIDOWED, I		OF BIRTH: 9.	AGE last birthday IF UNDER	
(Cmanifes).	RRIED 1-28-1	888	67 yrs. Months	Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of 10s. K)	ND DF BUSINESS	11. BIRTHPLACE (S	tate or foreign country): 12	CITIZEN OF WHAT
even if retired).	R INDUSTRY:	PATERSON, 1	LOW TO STATE OF THE PARTY OF TH	U.S.A.
13. FATHER'S NAME:	EAT OU.	14. MOTHER'S MAI		U.D.A.
GEORGE PINKERTON		MARGARET BU	TRKE	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16.	SOCIAL SECURITY ND.	17. INFORMANT &		
(Yes, no, or unk) (If Yes, give war or dates	0.30.0370	OT THE PERC MA	OM ATME MOOTH TOWN	TOWN DD MD
IPO MIN T TO	9-18-0139		ET.AIM.HOSP., FT.	1
I DISEASES OR CONDITIONS DIRECTLY LEA				ONSET AND CEATH
200,1				
IMMEDIATE CAUSE (A		OMA		UNKNOWN
ANTECEDENT CAUSE (S)	10			
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST.	10			
II OTHER SIGNIFICANT CONDITIONS CONTR				
TO THE DEATH BUT NOT RELATED TO THE	Statute of the second			
DISEASE OR CONDITION CAUSING DEATH	I DINGS OF OPERATION			
				20. AUTOPSY?
	INECTOMY WITH		AL OF TUMOR	YES X NO
21A. ACCIDENT WAS UNDERLYING 21B. POOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	LACE (Home, farm, fact URY street, office bldg.,	etc. INJURY OCCURT		inty) (State)
OF INJURY Wh	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
		1EE OOM	20EF	
22. I hereby certify that X attended the de				
SIGNATURES	death occurred at	6:10AM, from the ADDRESS		e stated above. ATE SIGNED
WILLIAM B. VANDEGRIFT 23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETE	D. VAH FT. HOW	ARD, MD 10, LOCATION (City, town,	/20/55 or county) (State)
Removal 10-20-55		TURE CEMETERY	PATERSON, NEW	JERSEY
TATE BETTO BY LOCAL STEEL TRANS SIC		WM. COOK-B	LIGHT INC 6009 H	ARFORD RD
SHIPPED TO: James Murray Funere	1 Home Chel tor	Ave. & Sprague	St. BALTIMO	KE, MD
THEAMOTHIE	A WHILE OVA VENILLES			

WIREAU V.

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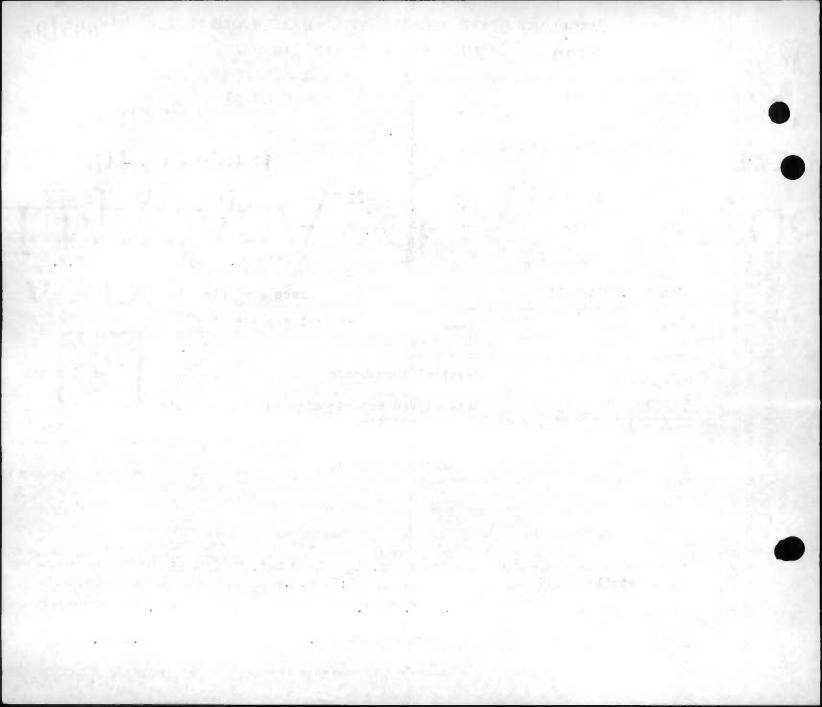
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH: Sheppard-Pratt Hospital USUAL RESIDENCE (HOME) OF DECEASED: Baltimore STATE Maryland legibly COUNTY COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) OR OR and give nearest town)
TOWN TOWSON Baltimore yrs. STREET (If rural give location) HOSPITAL OR Sheppard and Enoch Pratt INSTITUTION OR ADDRESS 2602 Elsinore Ave. - 16 STREET ADDRESS Hospital clearly (Year) 4. DATE (Month) (Day) 3. NAME OF (Middle) (Last) (First) DECEASED: October Lillian PITTS May DEATH: (Type or Print) death 9. AGE last birthday: IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTIL: 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. RACE: WIDOWED, DIVORCED Months Days Hours Female (Specify): Widowed Oct. 6, 1871 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT 10a. USUAL OCCUPATION Give kind of COUNTRY? INDUSTRY: work done during most of working life. Housewife Baltimore, Maryland even if retired): U.S. causes 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: James T. Mitchell Grace Baldwin 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of Hospital Records service) write No None 18. MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death 1 month Cerebral thrombosis Immediate cause DHE TO Antecedent causes (s) Generalized arteriosclerosis and chronic Diseases or conditions, if any, (b) 4 years giving rise to the above cause myocarditis. stating the underlying cause last. DUE TO plus OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis important 20. AUTOPSY 19a, DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No X (CITY OR TOWN) (COUNTY) (STATE) PLACE (Home, farm, factory, street, 21. ACCIDENT (Specify) office bldg., etc.) INJURY HOMICIDE HOW DID INJURY OCCUR? (Day) (Year) (Hour) INJURY OCCURED especially While at At Work INJURY Work [22. I hereby certify that I attended the deceased from Apr. 10.1951, to Oct. 22..., 19.55, that I last saw the deceased ..., 19.55, and that death occurred at 3:30 a.m. from the causes and on the date stated above. (Degree or title) Sheppard-Pratt Hosp. Asst. Med. Supt. BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Green Moant Cem. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR



R	eg.	Dist
7.0	6.	A) III U

MARYLAN	D STATE DEPARTMEN	NT OF	HEALTH—BALT	MURE	, 18	Reg. Dist.
MEDICAL	EXAMINER'S	CER	TIFICATE	OF	DEATH	No.
. PLACE OF DEATH:) / DE		2. USUAL RESIDENCE STATE MA			Ho.
COUNTY /	//MOK/ MARYI	LAND	STATE //	CO	UNTY / Da	uc.

	COUNTY STILL MORE MARYLAND	STATE THE COUNTY Pallo.
X	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town OR TOWN
00	HOSPITAL OR INSTITUTION OR 292 PIdge Pd.	STREET (If rural, give location)
3.	NAME OF DECEASED: (First) (Middle) Proceedings (Type or Print) Amelia	(Last) 4. DATE / (Month) (Day) (Year) OF DEATH OUT 3 1955
5.		E OF BIBTII: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HR
I	In RACH: WIDOWED, DIVORCED, Oak	16/1876 TS yrs. Months Days Hours Min.

7	- In	Coy,	(Species Land,	1001/01/8	16	A yrs.		Days	Hours	Dilli
1		e during most of	work life, 10b. KIND OF BU	ISINESS OR W. BIRT	THPLACE (Sta	te or foreign c	ountry):		IZEN OF UNTRY?	WH
1	3. FATHER'S	NAME:	0	14. MOTHE	R'S MAIDEN 1	NAME:				
	1	Lenn	Trescal	Yn	ara	Clenk	nom			
	15. WAS DECK	ASED EVER IN ILS. A	RMED FORCES ?! IC SOCKET CHOUSE	MIN NO. IT INFORMA	NT & CONDE	900		1.		

(Yes, no, or unk.) | (If Yes, give war or dates of service) / 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH

4.20./ Immediate cause (a) DUE TO

While at

Antecedent cause(s) (b). Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last

(c) IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes 🗌 No 🗍 21a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., 1NJURY 21c. (City or town) (County) (State) OF (Month) 211. HOW DID INJURY OCCUR? 21e. INJURY OCCURRED (Day) (Year)

Not while at work work [

22. I hereby certify that I took charge of the ren						
find that death resulted from: Natural causes	s [], Accident	□, :	Suicide 🔲 ,	Homicide [],	Undetermined	cause [
IGNATURE MINISMINE	Chu D			MEDICAL EXAMIN		E SIGNED
(1) MIMMAN	101.10	M. D.		MEDICITICAL SHAM		

9.714/1	comme_	101.10	M. D. ANGISTA	Manager Share		
23. BURIAL, CREMATION,	DATE THEREOF NAME	OF CEMETERY OF	R CREMATORY	LOCATION (City, town,	or county)	(State)
REMOVAL (Specify):	10-6-55 17	11/115 M	EM. PR	fish 11/11c	mot	
DATE REC'D BY LOCAL	REGISTRAR'S SIGNATURE	24	FUNERAL DIREC	CTOR	- 1.	ADDRESS /

- 53 A15A

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Supply every item of information carefully. It write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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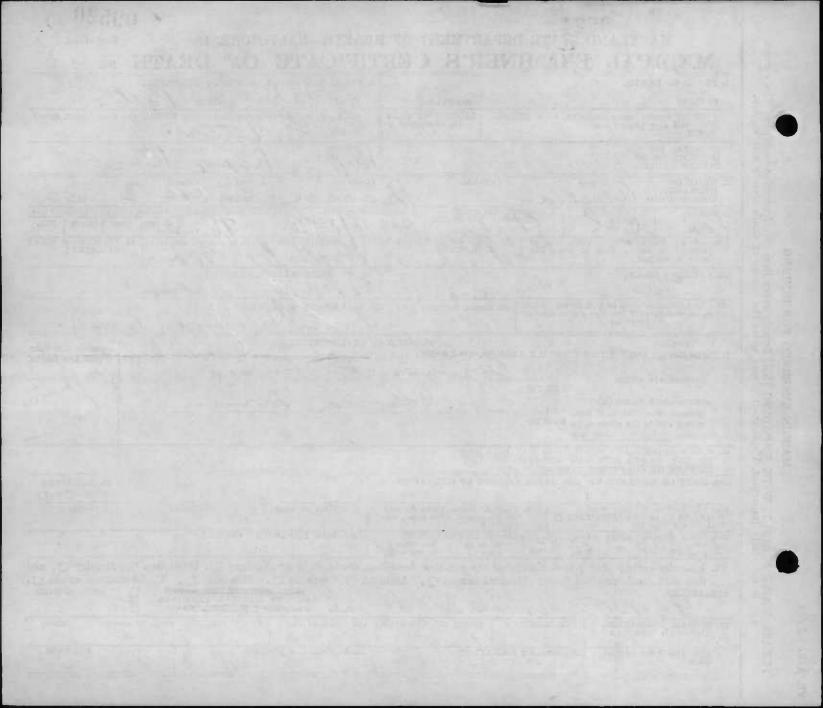
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MARYLAND STATE DEPARTMENT	T OF HEALTH—BALTIMORE, 18	09521
9525 CERTIFICATE	E OF DEATH Reg. Dist.	5 5 5
DEAZH:	2. USUAL RESIDENCE (HOME) OF DECEASED	
Baltimone MARYLAND	STATE Ma. COUNTY Bal	+-
tside corporate limits, write RURAL LENGTH OF STAY	STATE / COUNTY C	
(in this place) Cockeys ville 6,42	TOWN Couldensville	×
Nor Sherwood Road.	STREET (If rural give location) ADDRESS Shenwood Road	1
~ //	(Last) 4. DATE (Month) (D. OF DEATH: Oct. 1	(Year) (Year) 19 5 5 -
COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED. (Specify): Widowed Que	6 wst 5, /Ehr 9. AGE iast birthday IF UNDER 1 VE	Hours Min.
UPATION (Give kind of ing most of working life. 1): La Gourn 10: La Gourn	Manyland	CITIZEN OF WHAT COUNTRY?
IAME:	14. MOTHER'S MAIDEN NAME:	
Price	whiteour	
EVER IN U.S. ARMEO FORCES: (If Yes, give war or dates of service) 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: day 4 ter; Mas. Many Hou	vard, ville
18. MEDICAL CERTIFICAT R CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN ONSET AND DEATH
LAX Route	Julmonony Edrma	of hus.
INT CAUSE (8)		
OTHE ABOVE CAUSE DUE TO	Imo nale	years.
(C) Charuis	bronogiectasis	,,
IFICANT CONDITIONS CONTRIBUTING TH BUT NOT RELATED TO THE CONDITION CAUSING DEATH.		
PERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY7 YES NO
WAS UNDERLYING 21B. PLACE (Home, farm, fact of CAUSE OF DEATH OF INJURY street, office bldg., y medical examiner)	tory. 21c. WHERE DID (City or town) (County, etc. NJURY OCCUR?	y) (State)
th) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work		
ertify that I attended the deceased from	, 1950, to O. J. 18, 1955, that I last	saw the deceased
bold B. Shewill	ADDRESS DAT	stated above. SE SIGNED
BENATION DATE THEREOF NAME OF CEMET	ERY OR GREMATORY LOCATION ACITY, WWW. AT	

1. PLACE OF D of death clearly and legibly. COUNTY CITY (If ou and g OR TOWN HOSPITAL CONSTITUTION 3. NAME OF DECEASED: (Type or Prin 5. SEX: Male causes 10A. USUAL OCC work done dur even if retired please write the 13. FATHER'S N IS. WAS DECEASED (Yes, no, or unk. 0 I DISEASES O Physicians: IMMED ANTECEDE DISEASES OR O GIVING RISE T important. II OTHER SIGN TO THE DEA DISEASE OR 19A. DATE OF OF especially 21A. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTIF OF INJURY .03 age 22. I hereby c alive on correct SIGNATURE 23. BURIAL REMOVAL (SPECIFY) FUNERAL PIRECTOR ADDRESS DATE REC'D BY LOCAL

BECEINED

OCT SO 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09522

9526

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

	Reg. Dist. N	0
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-	
Baltimore Maryland	STATE Maryland COUNT	altimona
OR give nearest town) (in, this place)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
TOWN Lochearn 7-0 miths	TOWN Lochearn	X
HOSPITAL OR INSTITUTION OR	STREET (II rural, give location)	1
STREET ADDRESS 3700 Oak Ave.	ADDRESS 3700 Oak Aye.	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print) George Lucius	Price DEATH Octobe:	r 6 19 5
5. SEX Male 6. COLOR OR RACE Widowed, Divorced, (Specify)Married	8. DATE OF BIRTH 9. AGE last hirthday If under	I year If under 24 hrs Days Hours Min.
Male White (Specify) Married	August 15, 1891 64 yrs.	
10n. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		2. CITIZEN OF WHAT COUNTRY?
Salesman 13. FATHER'S NAME	Buffalo, New York	U.S.A.
Frank S. Price		
15. WAS DECRASED EVEN IN II S. ARMED FORCES! 7 1 16 SOCIAL SECURITY NO.	Louise Simmons	2 01
(Yee no, or unknown) (If yee, glys war or dates of Yes (Service) WOTIO Ward 317-05-5045	Man Tonday Mad 100 4 10 12 12 12 12 12 12	nd St.
18. MEDICAL CE		ewport News
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
	^	ONSET AND DEATH
Immediale cause (a) Obstructive	Janudice	1 who.
Antecedent cause (a) Obstructive Antecedent cause(s) Diseases or conditions, if any, (b) Cause Zuruhus		
Diseases or conditions, if any, (b) Cause Mills	· · · · · · · · · · · · · · · · · · ·	1 gotes.
giving rise to the above cause stating the underlying cause last		
(c)		
U. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY1
nove. noul		Yes No X
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not while		
	rone -	
22. I certify that I took charge of the remains described above, held an A	utopsy , Inspection X, Inquiry X thereon and	from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said decer from: natural causes X, accident , suicide , homicide ,	used died on the dry stated above, and death in my	opinion resulted
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
2. D. Caples med. Exam. M. D.	Reisterstown, and	10-7-15-5
		, , , ,
EUAIOVAL (Specific)	RY OR CREMATORY LOCATION (City, town, or coun	
DATE RECORVED BY LOCAL - REGISTRAR'S SIGNATURE	reg Abington, Virg	ZINIA ADDRESS
REGGE 7, 195 Plants G. Newell (Frank N. Newell Pu	Resvelle Jus
Culling marring 4. Illiam (marile / Y " feel at 1/21	resource ma

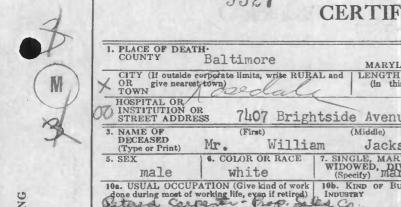
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PECELVED V. S.

9527

CERTIFICATE OF DEATH

Reg. Dist. No..



1. PLACE OF DEATHOOCOUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this place)	
HOSPITAL OR OR INSTITUTION OR STREET ADDRESS 7407 Brightside Avenue	STREET (If rural, give location) ADDRESS 7407 Brightside Avenue
3. NAME OF (First) (Middle) DECEASED (Type or Print) Mr. William Jackson	Proffitt 4. DATE (Month) (Day) (Year) OF DEATH October 10th 1955
5. SEX MARRIED, WIDOWED, DIVORCE, (Specify) Married, (Specify) Married	reb. 1, 1093 02 yrs.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS done during most of working life, even if retired) INDUSTRY	Tye River, Virginia COUNTRY? USA
Mr. Thomas Jackson Proffitt	Laura Litchford
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No (Yes, no, or unknown) (If year, give war or dates of earlier) 231-03-9707	Mrs. Myrtle S. Proffitt, 7407 Brightside Av
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	heumatie Heart Diaease 12 yrs +
Antecedent cause(s)	
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	

related to the disease or condition causing death.

(Specify)

21. ACCIDENT

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes D No D

(COUNTY)

(STATE)

ADDRESS

PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY SUICIDE HOMICIDE TIME (Montb) (Day) (Year) INJURY OCCURRED While at Not While INJURY

HOW DID INJURY OCCUR?

(CITY OR TOWN)

alive on 10-10-19.55, and that death occurred at 9.05 Pm., from the causes and on the date stated above. SIGNATURE



LOCATION (City, town, or county)

Leonard J. Ruck, 5305 Harford Road #14



Dr. Davidou 3218 Eastern Ave. DI 2 3030

10-12

THE RESERVED IN THE RESERVED FROM STREET AND PARTY.

WILL THE YOUR SECURE TO SECURE

Supply every item of information carefully. The

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

09524 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

500	CERTIFICATE	OF	DE
528	CERTIFICATE	OL	DE

9528 CERTIFICATI	E OF DEATH Reg. Dist. No. 30
1. PLACE OF DEATH: COUNTY Balto MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. A. A.
CITY (If outside corporate limits, write RURAL OR and give nearest town) Catonsville	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Gambrill OAX-2
HOSPITAL OR INSTITUTION OR OSTREET ADDRESS Wayne Convalescent Home	STREET (If rural give location) St. Stephens Rd.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) MAMIE C,	REDDIN 4. DATE (Month) (Day) (Year) OF OCt. 7, 19 55
RACE: WIDOWED, DIVORCED,	7, 1879 9. AGE last birthday IF UNDER 1 YEAR HOURS 24 HRS. Months Days Hours Min.
ork done during most of working life, even if retired): homemaker at home	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thomas M. Green	Sarah A. Hooper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. O. D. Howe - Glen Burnie, Md.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	
ISB. MASOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor or contributing CAUSE of DEATH OF INJURY street, office bldg. (If Either, Notify MEDICAL EXAMINER)	ctory. 21c. WHERE DID (City or town) (County) (State) , etc. INJURY OCCUR?
2ID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	2 10ct 55
alive on 70 ct , 19 , and that death occurred at SIGNATURE 1707 E	, 19 , to
Burial 10/10/55 Green Mo	unt Cem. Balto., Md.
REGISTRAR	1 Non J. Victories & Sour . Walto 17 ma

te miking . ::

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No 42

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Balto MARYLAND	STATE Mass COUNTY 58 x 3
CITY (If outside corporate limits, write RURAL OR and give negrest town) 5/TOWN LEMOTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR 5378 Homos and	STREET ADDRESS /6 Roverelt or
3. NAME OF DECEASED: (First) (Middle) (Middle) (Type or Print)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH CL 20 1955
M RACE: WIDOWED, DIVORCED, (Specify) and the	9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
work done during most of work life, even if registre fluctures of the state of the	11. BIRTHPLACE (State of foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Melliam & Reid	Mary Castle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war of dates of service)	Mrs Betty Reed 16 Roserelt on
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	vary Minnes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes 🗌 No 🖳
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF street, office bldg., etc. CAUSE OF DEATH.	
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work \[\] at work \[\]	21f. HOW DID INJURY OCCUR?
	dent, Suicide, Homicide, Undetermined cause CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. DEPUTY MEDICAL EXAM.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER PROVAL (Specify): DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	AY OR CREMATORY LOCATION (City, town, or county) (State) Location (City, town, or county) (State) Location (City, town, or county) (State) ADDRESS
"Och 53 Sekreffer	Harry H Bitzhe Edwarder an

VS. A15A - 5 - 53

BUREAU V. S.

OCT 24 1955

DECEINED !

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9394

CERTIFICATE OF DEATH

OGOZ CERTIFICIEN	d OI Dillilli
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY BALTIMORE MARYLAND	STATE MARYLANROUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL CONTROL (in this place) TOWN LANS DOWNIE CITY (If outside corporate limits, write RURAL (in this place) 2017 201	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN AMS DOW ME.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 301 FOURTH AVG.	STREET (If rural give location) ADDRESS 30(FOURTH AVG
3. NAME OF (First) (Middle) Keinhard DECEASED: (Type or Print) [RORGH P. RAINHO	OF A
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MORRIED DEC	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 9657AU CHERRAL ENDRESS.	11. SIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
JACOB H. RGINHARDT	MARY E. STRASSER
(Yes, no, or unk.) (If Yes, give war or dates of service)	FOITH M. REINHARDT 301 FOURTHAND
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) ACUI	e Corouary Occlusion 10 humite
DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	entral Hupertension 10 450.
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	and Harris
(C)	oney sciences ;
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
Nov 1945 Belavial Tympol	ectoury for Essential Hyperton, 20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (County) (State)
OF INJURY M. 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from and	, 1955, to, 19. 5 That I last saw the deceased
SIGNATURE 15 40 (FORA WILL)	ADDRESS DATE SIGNED DATE SIGNED
	ERY OR CREMATORY LOCATION (City, town, or county) (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	1) 24. FUNERAL DIRECTOR ADDRESS
REGISTRARY	1 The Land and I let the Re

10 - 53A15. V.S. PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

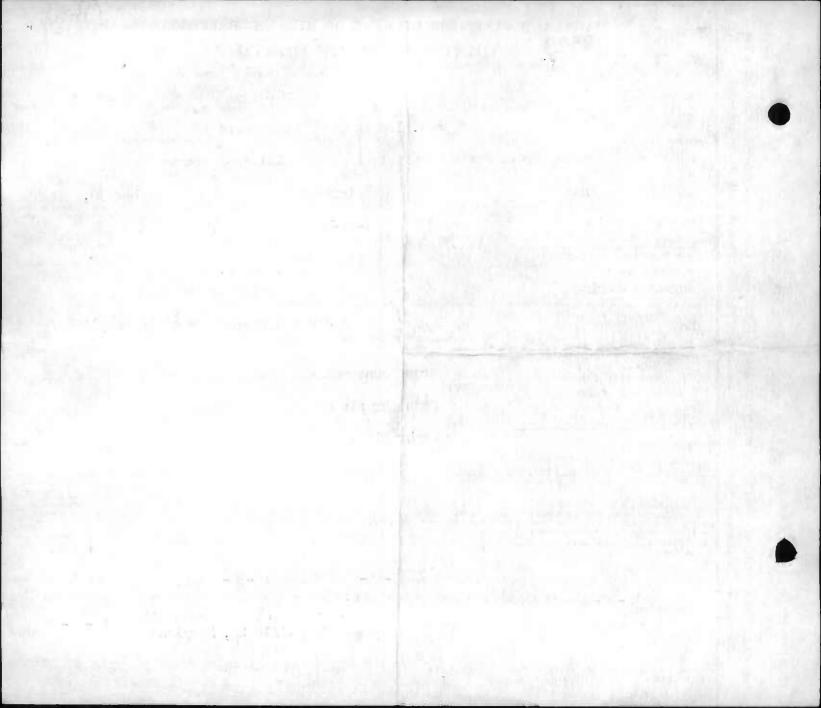
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Mary at the state of the same Backmerce Agreement in Almone was - DOLFMERM BUT - BIL POVERM AUG GEORGE F REIMMARKT SP. CET 4 55 Where while mostless of the same Forman Energy Represents Nove VIEW JAROB IL ROMANCOT MARY L. STRANTON WANT NOOF KOTTO OF PENNINGEOT SOFTWARE

- HOWELDING METERS - BASTINGER WAS FROM Sound . I produced in some of all land to the

23
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VS.

r. Ine	MARYLAND STATE DEPARTMENT 9529 Item 12, FilmG189 11-16-55 CERTIFICATE		09527 L. No. 30	
ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:	
careful	COUNTY Baltimore MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	STATE Maryland COUNTY Bal	timore and give nearest town)	
tion	5 TOWN Catonsville (in this place) 3 mos. 15day:	s TOWN Baltimore 19	X	
information carefully.	HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET (If rural give location ADDRESS 2111 Anna Avenue)	
inf	o. Ithink of	(Last) 4. DATE (Month)	(Day) (Year)	
m of i	DECEASED: (Type or Print) Anna R	eisinger October	30, 19 55	
ite	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER	YEAR IF UNDER 24 HRS. Days Hours Min.	
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown	II. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?	
the	13. FATHER'S NAME: August Powering	Dorothy Toulke		
. '2'	15. WAR DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS:		
	(Yes, no, or unk.) (If Yes, give war or dates of service) Unknown	Records Spring Grove State Hospital		
WITH UNFADING IN nt. Physicians: please	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH LOCAL X IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	eumonia	INTERVAL BETWEEN ONSET AND DEATH	
	(c) Nephrolith	niasis		
~ 03	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.]	
7	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY7	
2 IZIA. ACCIDENT WAS DIDERETING LEG. FERGE (Money) Lic. WHILE DID (COS) OF COMM)				
P	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work			
PLEASE TYPE OR correct age is	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETIC REMOVAL (SPECIFY) BURIAL NOV. 2, 1955 Oak Lawn DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	6:05PM, from the causes and on the date Spring Grove State Hospital ERY ON CALLED COLGATE, Md. Colgate, Md.	stated above. ADDRESS stated above. 10-31-55 (State)	
	REGISTRAR 53 (1. M. Spadnich	Ullrich Funeral Home 2112 Du	ndalk Ave.	



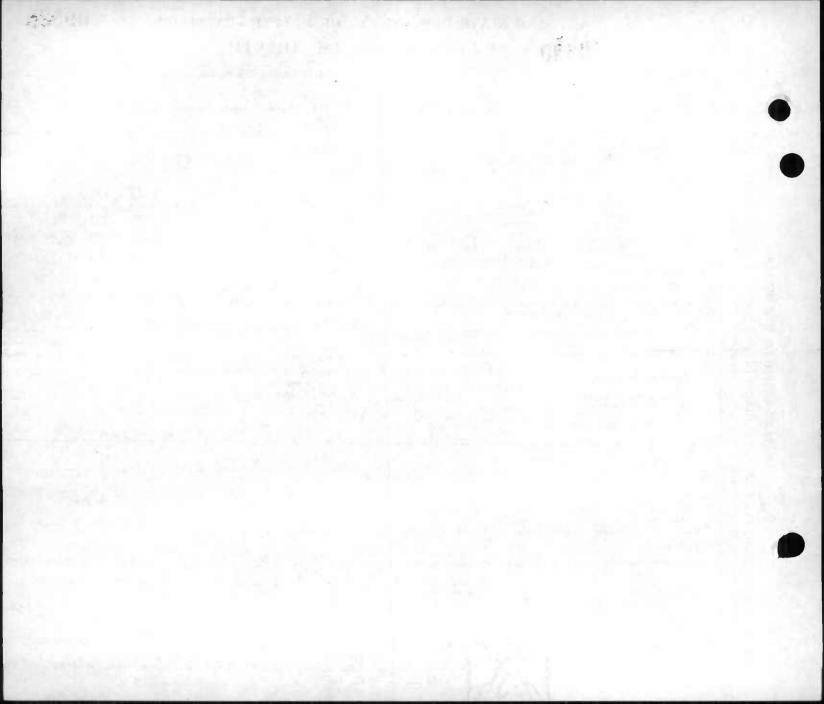
9530	CERTIFIC	AIR OF DE	ATH Reg.	Dist. No.
1. PLACE OF DEATH:		2. USUAL RESI	DENCE (HOME) OF DECEAS	SED:
COUNTY Baltimore	MARYLAN	D STATE M	aryland	COUNTY
CITY (If outside corporate limits, write OR and give nearest town) TOWN Parkville	RURAL LENGTH OF	lace) OR	side corporate limits, write RU timore	RAL and give nearest town 3 VO 1 · 4
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3009 Acton	Road.	STREET ADDRESS	(If rural give 1 3203 Ledverton Av	
3. NAME OF (First) DECEASED: (CHARLES)	(Middle)	(Last) RESCH	4. DATE (Month) OF DEATH: Oct. 1	(Day) (Year) 7. 1955 19
5. SEX: 6. COLOR OR RACE: WIDO (Specific Specific Specifi	WED, DIVORCED.	DATE OF BIRTH: April 12, 1871	9. AGE last birthday: If Ur 84 yrs. Mon	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Wagon driver	10b. KIND OF BUSIN INDUSTRY: Brewery		CE (State or foreign country)	COUNTRY? U.S.A.
13. FATHER'S NAME:	Dionoly	14. MOTHER'S MA	AIDEN NAME:	
Michael Resch		Don 1	t know	
15 WAS DECRASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of No.		Miss Rose Re	DDRESS: sch 3203 Leaverto	n Ave
Antecedent causes (s)	Carcin of origin	maloris O	blowind-fi	Onset And Dec
giving rise to the above cause stating the underlying cause last.	Dagle	à Value	tules, + Low	lesa
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but related to the disease or condition causin 	g death.	alized as	Peripeters	5.01
19a. DATE OF OPERATION: 19b. MAJO	R FINDINGS OF OPER	ATION /		Yes No E
21. ACCIDENT (Specify) PLA OF SUICIDE INJU	CE (Home farm, factor office bldg., etc.)	y, street, (CITY OR TO	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Not W Work At Wo		ORY OCCUR?	
22. I hereby certify that I attended the alive on Signature 1, 1955, and	that death occurred (Degree or title)	1 at 6 4 4 AM	om the causes and on the	I last saw the decease date stated above. DATE SIGNED
23. BURIAL, CREMATION, REMOVAL (Specify) Burial Oct. 20.			LOCATION (City, tow. Parkville, Md	
DATE REC'D BY LOCAL REGISTRAR REGISTRAR		24. FUNERAL DI		ADDRESS

Down

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE



UNFADING INK. Supply every item of information carefully.

OR WRITE PLAINLY, WITH

PLEASE TYPE

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	09529
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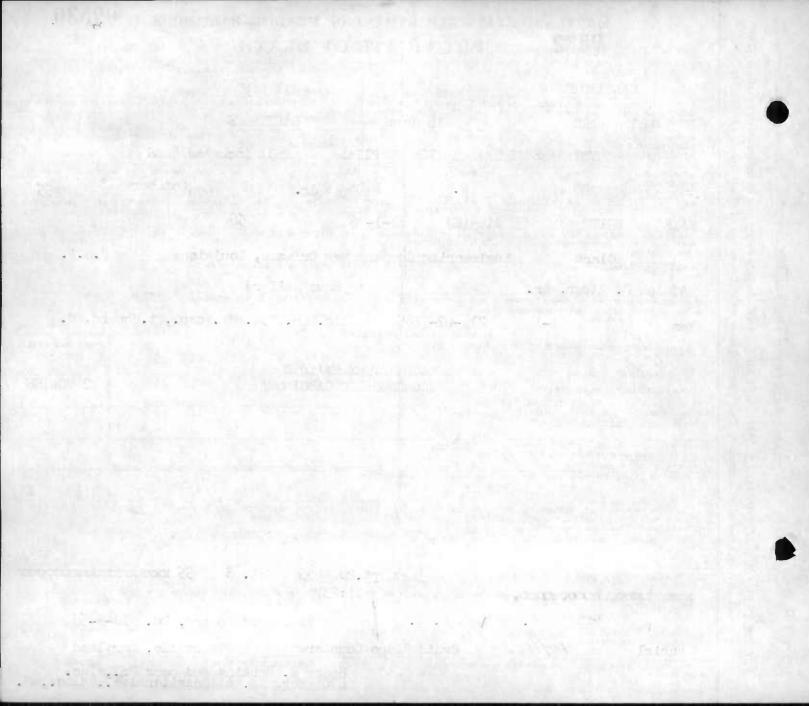
9531 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Balto MARYLAND	STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place) X TOWN Anneslie	OR TOWN Anneslie
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS 515 Murdock Rd.	ADDRESS TIT Name to 1 D 1
	515 Murdock Rd.
DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) PAULINE M. RICH	ARDSON DEATH: Oct. 12. 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
female white (Specify): diwowed Aug.	14, 1899 56 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life, even if retired): Clerk OR INDUSTRY: Insurance	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Lewis B. Eyler	Mary S. Eyler
15. WAR DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
no of service)	Mrs. Ethel E. Coster - 515 Murdock Rd.
18. MEDICAL CERTIFICAT	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
154X	I buncho premunia Ida.
IMMEDIATE CAUSE (A)	municia radi.
ANTECEDENT CAUSE (8)	ia Iwh.
DISEASES OR CONDITIONS, IF ANY, (B) Clarity	yeloneflerelis 3 may.
STATING UNDERLYING CAUSE LAST. DUE TO	
(c) Roccure	ut car curina of recleur & gr.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CON CONTRIBUTING	once of reclaim
DISEASE OR CONDITION CAUSING DEATH.	word 5 yu, 210.
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
July 1950 Carcinoma of ile	leur removed. YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?
OF INJURY M. While Not while at work at work	
22. I hereby certify that I attended the deceased from July	, 1950 to de / L, 1955, that I last saw the deceased
	. (2//.
alive on July 12 , 1957, and that death occurred at	
SIGNATURE GOLD A CHARLES TO THE STATE OF THE	ADDRESS DATE SIGNED
The contract of the man	1.D. Mace at all May, 10/13/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial 10/15/55 Woodlawn C	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS
REGISTRAR 10/14/65 / White Ith	Will I havened sous wall 19 mg

S. ASSESSED A CHARACTER AND ADDRESSED FOR THE AREA OF A SERVICE OF A S

MARYLANI				H—BALTIMORE, 18	09530
9532	CERTIF	ICATI	OF DEA	TH Reg. Dist	. No.
1. PLACE OF DEATH:			2. USUAL RESID	DENCE (HOME) OF DECEASE	D:
COUNTY BALTIMORE	MARYLA	ND	STATE MARY	LAND COUNTY	
CITY (If outside corporate limits, v	write RURAL LENGTH	H OF STAY	CITY(If outside	e corporate limits, write RURAL	and give nearest town)
X TOWN FORT HOWARD	18	his place) Days	OR TOWN BALT		3401-4
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS	ADMINISTRATIO	N HOSPI	STREET ADDRESS TAL 153	(If rural give location) 1 Lochwood Road	V
3. NAME OF (First)	(Middle)		Last)		Day) (Year)
DECEASED: (Type or Print) ADOLPH	н.		DER Jr.	OF OCTOBER	8 1955
PACE. WI	NGLE, MARRIED,	8. DATE	OF BIRTH:	9. AGE last birthday IF UNDER 1	YEAR IF UNDER 24 HRS. Days Hours Min.
MALE WHITE (Si	pecify MARRIED	12-1-9	76	58 yrs. Months	Jays Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working lif	of 108, KIND OF BU	ISINESS RY:	II. BIRTHPLACE	(State or foreign country): 12.	COUNTRY?
even if retired): Clerk 13. FATHER'S NAME:	Engineering	Company	New Orlean:	s. Louisiana	U.S.A.
Adolph H. Rider, Sr.		IDITY NO	Edna Raif		
(Yes, no, or unk.) (If Yes, give war or		A			1
Yes of service) WW-1	216-07-5	285		et.Adm.Hosp.,Ft.How	
I DISEASES OR CONDITIONS DIRE	18. MEDICAL C		ION		INTERVAL BETWEEN
IMMEDIATE CAUSE		SPIRATO	RY FAILURE		
ANTECEDENT CAUSE (\$)	DUE TO BR	ONCHOGE	NIC CARCINOM	A	2 MONTHS
DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUS STATING UNDERLYING CAUSE LAS	E DUE TO				
	(C)				
II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSI	D TO THE				
	AJOR FINDINGS OF	OPERATION	٧		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21B. PLACE (Hom TH OF INJURY street	e, farm, fac c, office bldg.,	etc. 21c. WHERE	DID (City or town) (Coun	ty) (State)
21D. TIME (Month) (Day) (Year) (HOOF INJURY	M. at work a	lot while twork		INJURY OCCUR?	
22. I hereby certify that I attend	ded the deceased fr	om .Sept	.20, 19.55, to C	ct. 8, 19 55, moobbs	DESCRIPTION OF THE PROPERTY OF
stice concession at the state of the state o	and that death o	ccurred at	11:23PM, from ADDRE	the causes and on the date SS DA	stated above. TE SIGNED
	. DUDLEY, M. I	OF CENEZ	D. VAH. F	Fort Howard, Md. 10	r county) (State)
23. BURIAL, CREMATION, DATE TO REMOVAL (SPECIFY)	. /		Cemetery	Pikesville, Mar	
	TRAR'S SIGNATURE	V	1 24. FUNERAL	DIRECTOR Jenkins and Sons Col Rd. at Rossiter Ave	ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4	V	V	0	Æ,
13	or		Die	+

MEDICAL EXAMIN	ER'S CERTIF	ICATE OF	DEATH

MEDICAL EXAMIN	ER'S CER.	TIFICATE (JF DEATI	1 No.
1. PLACE OF DEATH:		2. USUAL RESIDENCE (I	HOME) OF DECEASED:	
COUNTY BALTIMORE	MARYLAND	STATE DARKING /A	MCOUNTY BA	CIIMORE
CITY (If outside corporate limits, write RURA OR and give-nearest town) TOWN TOWN TOWN TOWN	L LENGTH OF STAY	CITY (If outside corpo OR TOWN 3 6 7	rate limits write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR OZSTREET ADDRESS 7338 WALD	NAN AUE	STREET ADDRESS 733	(If rural, give location of the state of the	ion) Are
3. NAME OF (First) DECEASED: (Type or Print) RAYMUN L	(Middle) CHATLES	REFI	DATE (Month) OF DEATH	(Day) (Year) 29 19 55
RACE: WIDOW	MARRIED, 8. DATE ED, DIVORCED, 10	OF BIRTII: 9. AGI	E last birthday: IF UNDS yrs. Months	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	b. KIND OF BUSINESS OR INDUSTRY:	MAYYLAN	ate or foreign country):	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ARIFFE	L	(Arrie	V. Shrin	CR
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	6. SOCIAL SECURITY No.: 1	17. INFORMANT & ADDRI A. T. Ri FFe 1	- SAME	
		L CERTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEA	senibel hear	taleccine (Brobabley	ONSET AND DEATH 27 Class
Antecedent cause(s) Diseases or conditions, if any, (b)	trology of	Fallo +)		
giving rise to the above cause DUE TO stating underlying cause last (c)				
II. OTHER SIGNIFICANT CONDITIONS CONTE TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEAT	TO THE			
19a. DATE OF OPERATION: 19b. MAJOR FIN	IDING OF OPERATION:			20. AUTOPSY? Yes No No
PRIMARY or CONTRIBUTING OF CAUSE OF DEATH.	JURY	21c. (City or town)	(County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21d OF INJURY M.	e. INJURY OCCURRED While at Not while work at work	21f. HOW DID INJUR	Y OCCUR?	
22. I hereby certify that I took charge find that death resulted from: Nat SIGNATURE		ent [], Suicide [], CHIEF MEI DEPUTY M		
23. AURIAL, CREMATION, DATE THEREOF REMOVAL (Specific : 10-3/-55	BAUTO. No	ATIONAL 15	ALTO- M	
Oct. 3/-55 Charson	Li Larley A	24. FUNERAL DIRECTO	Brodley Plus	leff, MO.
	X-/			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct

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VS. A15A - 5 - 53

Two FOR ONE CERTIFICATE
FING 6188- 11/7/55- Mnh.

BUREAU V. S.

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000*	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY BALTIMORE MARYLAND	STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN RIPERILLORD	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN MIDDLE RIVER
HOSPITAL OR SERENSON NURSING HOME	STREET (If rural give location) ADDRESS 2 BUNKER COURT
3. NAME OF (First) (Middle) DECEASED: (Type or Print) (Type or Print) (Type or Print) (S. DATE) 5. SEX: [6, COLOR OR [7, SINGLE, MARRIED, [8, DATE]]	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: October 22 1955
FEMALE WHITE Specify: MARRIED FEB. 2	8, 1901 9. AGE iast birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
work done during most of working iife, even if retired) HOUSEWIFE OWN HOME	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
THOMAS MC CORD	14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no or unk.) (If Yes, give war or dates of service) (If Yes, medical certification of service) (If Yes, m	17. INFORMANT & AODRESS: FAMILY LECORDS
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 199 IMMEDIATE CAUSE (A) OUE TO OISEASES OR CONDITIONS, IF ANY, (B)	Tanin of Carcinoma. Interval Between onset and Death day thath, pancy Jack and ruck, 2 years,
Johnson	e Cancinometorio. 1 mor.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	
mone for	20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg.,	tory, etc. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	no injury.
22. I hereby certify that I attended the deceased from Ochanical alive on Getta, 20, 1955, and that death occurred at SKINATURF	10.40 M. from the causes and on the date stated above. ADDRESS DATE SIGNED
	ERY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR COLL. 26, 1955 March C. May	John Burne Sona, Towon, Mid.

10 - 53A15 -VS. PLEASE TYPE OR WRITE PLAINLY, WITH

UNFADING INK. Supply every item of information carefully. The

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEA	LTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIF	FICATE OF DEATH No. 79
1. PLACE OF DEATH:	SUAL RESIDENCE (HOME) OF DECEASED:
	STATE Maryland COUNTY
OR and give nearest town) (in this place)	OWN //O WILLIAMS PUE 53
	DUNDALK 22, md.
3. NAME OF (First) (Middle) (Last DECEASED: (Type or Print) FARRY L. YN DON Robi	t) 4. DATE (Month) (Day) (Year) OF DEATH October 11 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, OSpecify): 3, WILLE, AUG. 8, DATE OF	
	1. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
	MOTHER'S MAIDEN NAME:
HARRY K. KOBINSON	BERTHA SHACKLE FORD
(Yes, no, or unk.) (If Yes, give war or dates of	FORMANT & ADDRESS:
7Es V service) -UNL - 337-52-6552 SAM	NUEL SPRY - SHIME ADDRESS
I8. MEDICAL CE L DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN
823X Immediate cause (a) Multiple Traumatic I	ONSET AND DEATH
Immediate cause (a) PULL TO	njjuries
Antecedent cause(s)	
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO	
stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
190. DATE OF OPERATION: 196. MAJOR FINDING OF OPERATION:	20. AUTOPSY7 Yes No
21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, 2	Plc. (City or town) (County) (State)
PRIMARY or CONTRIBUTING OF Street, office bldg., etc., INJURY Street	Reltimore Maryland
INJURY 10/11/55 2:35 AM. work at work	Speeding auto - out of control
22. I hereby certify that I took charge of the remains described a find that death resulted from: Natural causes []. Accident	
SIGNATURE STATE OF THE STATE OF	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. DOIL 1/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (Specify):	(Commercial Commercia
Dokt is a life i	FUNERAL DIRECTOR ADDRESS
REG. Whith Burley n	Alto Brush Brookly Rudows with

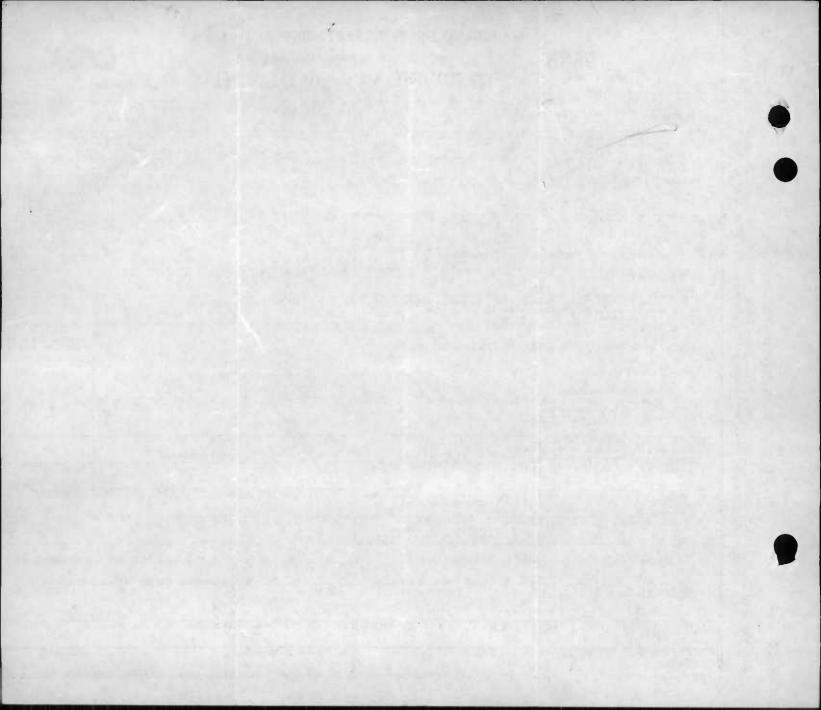
B A MYBBAH A ST 100 TB 182

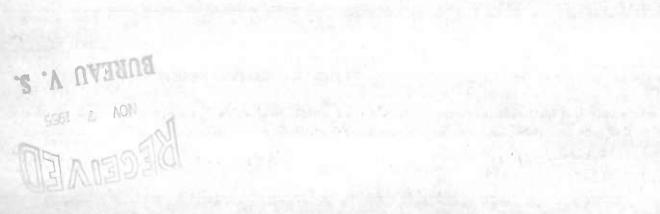
Residuer 3603 Chodale alor

(State)

ADDRESS

Reg. Dist. No.. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY write RURAL and give pearest town) (Day) Year) IO. 9. AGE last birthday | If under 1 Ill under 24 hrs Year Months [Days Hours | Min. 11. BIRTHPLACE (State or Jureign country) 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONBET AND DEATH 20. AUTOPSY? Yes 🗌 No F (COUNTY) (STATE) .7...., 19.5.2., that I last saw the deceased ...m., from the causes and on the date stated above. DATE SIGNED





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()	9536
Item 9: funeral director's CERTIFICATE OF DEATH Reg. Dist	. No. 35
1. PLACE OF DEATH: COUNTY DALTIMORE MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If oppide corporate limits, write RURAL a	
55 TOWN and give negrost town) (in this place) OR TOWN BALTIMORE (1	TY
90 STREET ADDRESS 7912 RUXWHY ROAD ADDRESS 4) ILLCHEST	- 1-1-
3. NAME OF DECEASED: (Middle) RUTLEDGE 4. DATE (Month) (Day OF DEATH: OCT. 2	1955
19ALE WHITE SPECIFO OWED FEO. 1, 1862 715. 8	Hours Min.
1 10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR 1 II. BIRTHPLACE (State of foreign country): 122.	CITIZEN OF WHAT
WILLIAM KUTLEDGE ELIZA SILK	804
(Yes, no, or unk.) (If Yes, give war or dates of service) Mrs. VERNA DITZMAN HIGHVIB	
18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) 2004 Cap dial Hypertrophy with Jailure DUE TO	Interval Between Onset And Death
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying eause Isst. (c) Chronic Typocards 7: (b)	10 91000
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	10 year.
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	Yes No
SUICIDE HOMICIDE 70 Office bldg., etc.) 70 70	STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While Not Work At Work	
James Traham manter mod 516 Cathedre ST, 1	stated above. ATE SIGNED 0-4-1955
23. RURIAL CREMATION, DATE THEREOF NAME OF CEMETERS OR CREMATORY LOCATION CIRC, town, or compactive the control of the control	ADDRESS A

516 Cathedral At

all the second of the second of the

item of information carefully.

Supply every

UNFADING INK.

WITH

WRITE PLAINLY

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TYPE

PLEASE

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and

I. PLACE OF DEATH:

COUNTY

TOWN

BIN
FOR
RESERVED
MARGIN F
1

HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 Irving Place	e	STREET ADDRESS 6 I	rving Place	on)
S NAME OF (FIRST) DECEASED: (Type or Print) PETER	A. SCHME		4. DATE (Month) OF DEATH: Oct.1	
Male White (Specify) Man	ried Oct. 1	st.1881	74 yrs. Months	Daya Hours Min.
work done during most of working life, even if retired Retired US Ar	ND OF BUSINESS'	Marvlan		U.S.A.
Bernand Schmedes			herine Gotlb	en
Bernand Schmedes 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? (Yes, no, or ank.) (If Yes, give war or dates of service) W. W. #1 21 18. M		arie E. Sch	medes. Wife.	6 Irving &
18. M	SEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) ANTECEDENT CAUSE (S)	ТО	my occlu	Jan n	30 months
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		y acting	arters sch	ns ?
II OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FIND			· generaliza	
	INGS OF OPERATION			20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PL OR CONTRIBUTING CAUSE OF DEATH OF INJU- (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. TIME (Month) (Day) (Year) (Hour) 21e	ACE (Home, farm, factor JRY street, office bldg., et		(City or town) (Co	ounty) (State)
OF INJURY	INJURY OCCURRED le Not while at work	21F. HOW DID INJ	URY OCCUR?	
22. I hereby certify that I attended the dec			causes and on the day	
Burial 10/16/55	Baltimore N	Vational	Baltimore,	Md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OF THE PROPERTY OF T	9. newell	John L.	newell- (Resul (,) ud.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

STATE

TOWN

MARYLAND

(in this place)
28 Yrs.

Reg. Dist. No.

CITY(If outside corporate limits, write RURAL and give nearest town)

Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland COUNTY

Pikesville

9538

(If outside corporate limits, write RURAL and give nearest town)

Pikesville

BUREAU V. S.

OCT 24 1955

DECEINED

CITY (If outsida corporate limits, write RURAL and give nearest town)

3015 Woodside Avenue

(If rural, give location)

(Month)

2. USUAL RESIDENCE (HOME) OF DECEASED.

Maryland

Parkville

4. DATE

DEATH

1. PLACE OF DEATH-

HOSPITAL OR INSTITUTION OR

STREET ADDRESS 3. NAME OF

DECEASED

(Type or Print)

OR give nearest town)

COUNTY

Baltimore

(First)

Parkville

3015 Woodside Avenue

Bertha

CITY (If outside corporate limits, write RURAL and

Mrs.

atating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

(Specify)

Reg. Dist. No.

(Day)

COUNTRY?

12. CITIZEN OF WHAT

INTERVAL BETWEEN

ONSET AND DEATE

USA

Oct. 2nd

(Year)

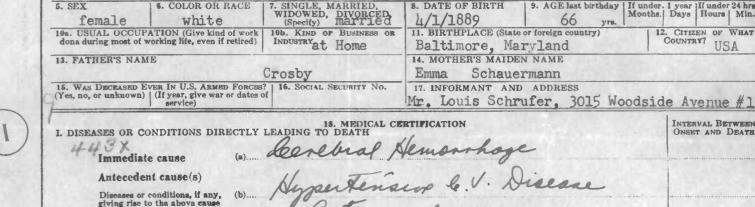
1955



MARGIN RESERVED FOR BINDING







(Middie)

May

MARYLAND

LENGTH OF STAY

(in this place)



20. AUTOPSY? Yes 🗍 No D

(STATE)

(COUNTY)

Baltimore, Maryland

PLACE (Home, farm, factory, atreet, OF office bidg., etc.) HOMICIDE TIME (Month) (Day) (Year) INJURY OCCURRED HOW DID INJURY OCCUR? Whila at Not While At work INJURY

to Oct. > 19 55, that I last saw the deceased 22. I hereby certify that I attended the deceased from.

(Degree or title) ADDRESS SIGNATURE 23. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) DATE

CERTIFICATE OF DEATH

Schrufer

STATE

OR TOWN

STREET

ADDRESS

(Last)

REMOVAL (Specify) Parkwood Cemetery DATE REC'D BY LOCAL

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

24. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road #14

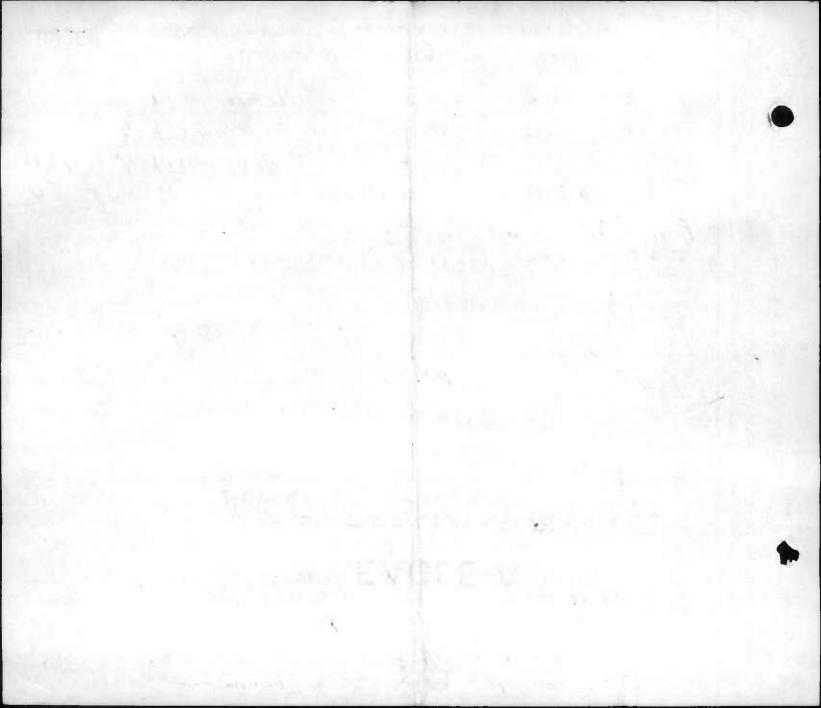
(CITY OR TOWN)

Dr. Janney
7101 Harford Road
9 and 10

Please call us when Ready HA 6 1460

VS.

MARYLAND STATE DE	PARTMENT OF HEALTH—BALTIMORE, 18 09539
9540 CERTI	FICATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
RAITIMAN	Manua
COUNTY PAR MARY CITY (If outside corporate limits, write RURAL) LEN	STATE MAND COUNTY BACTOR OF STAY CITY(If outside corporate limits, write RURAL and give nearest town
OR and give nearest town)	n this place) OR
NIOWN RURAL -VILLANOVA 41	TOWN BALT MORE 3VO1-4
HOSPITAL OR KATHERINE ROBB NUR INSTITUTION OR STREET ADDRESS 4105 ESSEX RA	SING HOME STREET (If rural give location) ADDRESS 922 WILDWOOD PARKWAY
B. NAME OF DECEASED: (Type or Print) (Middle) (REIN)	SEVIER DEATH: 10 19 19 55
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. WIDOWED, DIVORCE (Specific August 2014)	8. DATE OF BIRTH: 9. AGE last birthday I F UNDER 1 YEAR I F UNDER 24 MRS.
OA. USUAL OCCUPATION (Give kind of) 108. KIND OF	BUSINESS II. BIRTHPLACE (State or foreign country): [12. CITIZEN OF WHAT
work done during most of working life. even if retired): HOUSEWIFE HOUSE	Baltimore, Maryland D.S.A.
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Robert O. Elliott	Mary E. Bean
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. SOCIAL S	ECURITY NO. 17. INFORMANT & ADDRESS:
Yes, no, or unk.) (If Yes, give war or dates NONE	C.Maurice Weidmeyer, Annapolis, Md.
I NO	CERTIFICATION INTERVAL BETWEEN
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	KEMIA LEVER C. V. RENAL DISEASE - Orteriseles 7 8 YEARS.
(C)	
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
9a. DATE OF OPERATION: 19B. MAJOR FINDINGS (OF OPERATION 20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING OF INJURY att	ome, farm, factory. 21c. WHERE DID (City or town) (County) (State) eet, office bldg., etc.
DE TIME (Month) (Day) (Year) (Hour) 21E INJURY While at work	Y OCCURRED 21F. HOW DID INJURY OCCUR? Not while at work
22. I hereby certify that I attended the deceased	
alive on 007. 17, 1963, and that death SIGNATURE	occurred at/1:45.P.M, from the causes and on the date stated above. ADDRESS DATE SIGNED 10 10 10 155
DEMOVAL (SPECIEV)	altimore Cemetery Baltimore, Maryland.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATUR	



Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

The state of the	REIGNE 270
1. PLACE OF DEATH- COUNTY BAIL MORE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Baltimore
OR give nearest town Whitemersh LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruse White Marsh
HOSPITAL OR INSTITUTION OR REd Lion Road Box* 1009	STREET ADDRESS Red LICAROGA Box 1009
3. NAME OF (First) (Middle) DECEASED (Type or Print) William Green	Shappard 4. DATE (Month) (Day) (Year) OF DEATH Oct. 27, 1955
5. SEX 6. COLOR OR RACE 7. SENSON: WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Nov. 27, 1861 9. AGE last birthday If under. I year If under 24 hrs. Months. Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trockry Serry - Kerred INDUSTRY WETCHOOL	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U, S.
IS. FATHER'S NAME YN KNOWN Sheppard	14. MOTHER'S MAIDEN NAME MATHA - NNKNOWIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Yes, no, or unknown) (If year, give war or dates of service)	Mrs. Flora Edna Dolan Route 3 Box 44
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last Conditions contributing to the death but not related to the disease or condition causing death.	I Premoria 1 WK tu Carelio-Vasular dision 2 yrs
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?
alive on 2.1, 1955., and that death occurred at a burning and the deceased from the alive on (Degree or title) BURIAL, CREMATION DATE BEMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	FOUNTAIN BURETOR ADDRESS
	Joseph Trista Belly mal

Statu Dupt of Health 2411 NCharles St

ours after death.

executed within

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

09541

9542

CERTIFICATE OF DEATH

			1
-			40
Reg.	Dist.	No	

1. PLACE OF	DEATH			2	. USUAL RESI	DENCE (H	OME) OF D	ECEAS	ED	
COUNTY	Raltimore		MARYLAND		STATE Mary	land	COUNTY	Ral	timor	e
OR and giv	ide corporete limits, write ve nearest town)	RURAL	(in this place)	Y	CITY (If outside o	corporele limits	, write RURAL	end give n	eerest town)
X TOWN	Whitemar	sh	20 Year	rs	TOWN	Whi-	temarsh			×
HOSPITAL OR	20				STREET ADDRESS		(If rural g	ive location	1)	1
STREET ADDRE	22	d Lion F	20 ad	5 X Y	TU.	T7 Ped	Lion R	han		
3. NAME OF	(First)	A Harris	(Middle)	(Le	(1)	The state of the s	DATE (Mo		(Dey)	(Yaar)
(Type or Print)	Harry		F. 9	Simosor			OF DEATH I	0- 25	<u></u>	19 55
5. SEX	6. COLOR OR RACE	SINGLE, MA WIDOWED,		DATE OF BIR	TH	9. AGE	lest birthday		ER 1 YEAR	IF UNDER 24 HRS
Male	White	15 il-1	Married	Aug. 2	I, I886		69 yrs.	Months	Days	Hours Min.
10e, USUAL OCCU	PATION (Give kind of w		KIND OF BUSINESS OR INDUSTRY		BIRTHPLACE (State or	foreign countr	ry)			N OF WHAT
retired) TAT at	chman-Retir	hod	Distiller	ır.	Marvla	nd			TI	NTRY?
13. FATHER'S NAA	AE	24 1	DISOUTIE	y 1	14. MOTHER'S MAIL				Ue ·) . A .
	dalama odam	-50			0	1 25.25-3				
	ichard Simp		16. SOCIAL SECURITY	NO	17. INFORMANT	h McMal	non			
	(If Yes, give wer or det									
No			2T2-0T-4880	DA	Frieda	R. Sim	oson-IO	IT Re	ed Lic	on Ed.
T DISEASES OR C	ONDITIONS DIRECTLY L	FADING TO DEAT	18. MEDICA	L CERTIF	CATION					RVAL BETWEEN
DISEASES OR CO GIVING RISE TO STATING UNDERLY	NDITIONS, IF ANY,									
	NDITION CAUSING DEAT									
19a. DATE OF OPE	FRATION 196.	MAJOR FINDING	GS OF OPERATION						YES	O. AUTOPSY?
OR CONTRIBUTING	AS UNDERLYING		ome, ferm, fectory, at, office bldg., etc.)	21c.	WHERE DID INJURY O	CCUR? (City	or lown)	(Co	unty)	(Stata)
21d. TIME OF INJU	RY (Month) (Dey) (\	Tie. INJURY OCCURRED While Not while t work at work	21t.	HOW DID INJURY O	CCUR?		2		
	RE J. LOTALS AATION, DATE DECIFY TO		nd that death occu	D. 42 TERY OR CREATERY OR CREATERY	2 Easleva 4	LOCA	And on the Street, city, to Chicana IION (City, low	date sta wn, stete)	ted abov	DATE SIGNED
DATE 3 1	1955	Walt	er Damme	tt to	ssalm Fi	CAN ESTAR	Home	- 74	ADDRES!	Pair R

CERTIFICATE OF DEATH Mills Mary World Co. SS. W UNASSELE 9551 16110

No. 19 April 19 Sept 2

20651814 VS. A15-10-53 PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19543)

9543 CERTIFICATE	E OF DEATH Reg. Dist.	. No.
1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	
X TOWN Owings Mills	TOWN 2919 E. Federal Street	t 3 VO 1 - 4
HOSPITAL OR INSTITUTION OR / STREET ADDRESS ROSEWOOD Training School	STREET (If rural give location) ADDRESS Baltimore, Maryland	1
3. NAME OF (First) (Middle) (DECEASED: (Type or Print) Michael Joseph	(Last) 4. DATE (Month) (1	19 (Year) 19 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED, (Specify): single 6/	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 112. Maryland U.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Ferdinand Sinclair 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	Helen Constance Mallon	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Rosewood Records	
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN
75/X IMMEDIATE CAUSE (A) Pneumonia,	Bilateral	2 days
ANTECEDENT CAUSE (S) DISFASES OR CONDITIONS IF ANY (B) Acute Brong	hitie	3 days
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	ic, meningocele (Arnold Chiari	DIPUI
DISEASE OR CONDITION CAUSING DEATH. 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	1	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/1 alive on 10/19/, 1955, and that death occurred at SIGNATURE B. Butter Mo.	10: 30 M, from the causes and on the date of ADDRESS Mills Med 19	stated above. TE SIGNED Gcf. '55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or	county) (State

FUNERAL DIRECTOR

ADDRESS



SUREAU V. S.

VS A15C 1-55 10M

2

M

NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Items 9,22 FilmG188 11-4-55 et CERTIFICATE OF DEATH

9544

09543

Reg. Dist. No.

Balto. Md

1. PLACE OF DEATH		2. USUAL RESID	ENCE (HOME) OF DECI	EASED
COUNTY Haltimore	MARYLAND	STATE Marvle	and COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (In this place)	CITY (if outside co	rporate limits, write RURAL and g	rive nearest town)
X TOWN Fort Howard		TOWN Baltin	2000	3401-16
HOSPITAL OR	1 3 days	STREET	(If rurel give to	ocetion)
INSTITUTION OR STREET ADDRESS		ADDRESS		7
Veterans Administr			N. Saratoga St.	V
3. NAME OF (First) DECEASED	(Middle)	(Lost)	4. DATE (Month)	(Day) (Yeer)
(Type or Print) FRANK	A .	SMITH	DEATH OG to	ber 21 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARK	IED, 8. DAT	TE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
RACE WIDOWED, DI	VORCED,	20.00	(59) 59 is. M	onths Days Hours Min.
Male Colored (Specify) Ma	TT190 Y	11. BIRTHPLACE (State or fo		I 12. CITIZEN OF WHAT
done during most of working life, even If	R INDUSTRY	II. BIKTHIPENCE (Siale of It	oreign country/	COUNTRY?
retired) Janitor		Baltimore,	Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	
John Smith		Lucy Smi	th	
	6. SOCIAL SECURITY NO.	17. INFORMANT	& ADDRESS	
Yes, no, or unk.) (If Yes, give wer or deles of service)	215-14-5076	Clin. Pec.	. Vet.Adm. Hosp.	Ft. Howard Md
100 1 1111 1		ERTIFICATION	, to condite mospe	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONSET AND DEATH
521 X IMMEDIATE CAUSE (A) ASE	PHYXIA			SUDDEN
ANTECEDENT CAUSE(S) DUE TO				
COUNTY DIES TO THE ADOLE CALLES	RATION OF BI	00D		SUDDEN
STATING UNDERLYING CAUSE LAST. DUE TO				
(c) HIPMIO	RRHAGE FROM	LUNG ABSCESS R	IGHT LOWER LOBI	E UNKNOWN
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH. 198. DATE OF OPERATION 1 196. MAJOR FINDINGS	OF ORERATION			20, AUTOPSY?
198, DATE OF OPERATION 198, MAJOR FINDINGS	OF OPERATION			YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Hom	ne. farm. factory.	21c. WHERE DID INJURY OC	CUR? (City or town)	(County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	. INJURY OCCURRED	I 21f. HOW DID INJURY OC	CUR?	
Wh	ila Not while al work			
VA			22	
22. I hereby certify the Kattended the dece	ased from O.O. to D.O.	r18, 1955, toQa:	tober/2/1, 1955,	paratriaticalizations
AND THE STATE OF T	that death occurred	at 9. : 30PM, from the	causes and on the date	stated above.
should all the		AD	DRESS (Street, city, town, st	leta) DATE SIGNED
William R. Vandagrift	M.D.	VAH Ft. Howard 1	14	
23. BURIAL, CREMATION, DATE THER OF	NAME OF CEMETERY	VAH Ft Howard	LOCATION (City, town, or	r county) (Stata)
REMOVAL (SPECIFY)	Bal timore	National Cenete	ery Baltamore.	Maryland
24. REC'D BY REGISTRAR REGISTRARIO SIGNATURI		25 FUNERAL DIRECTOR		ADDRESS
A) a	941	MING IN WA	u Mulla	w.
Mat 30 1055 N	V Halon.	Mag Votio I	N: 115 ama 799 W	Cahmandam Ct

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	Jacob Marie Co.			1	John Behil	
	DA. FEF. MAIL CLIPS		17-112-17		100	
Labella			ALMERICA			
		COCUR TO:	PT-UNE			
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09545

CERTIFICATE OF DEATH 9545

Reg. Dist. No.... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Baltimore STATEMarvland MARYLAND COUNTY (It outside corporate limits, write RURAL and give nearest town) (If outside corporete limits, write RURAL LENGTH OF STAY OR end give neerest town) (In this place) TOWN TOWN Fort Howard Raltimore davs HOSPITAL OR STREET (If rurel give location) INSTITUTION OR ADDRESS STREET ADDRESS 1921 N. Payson Street Veterans Administration Hospital NAME OF (Yaar) DECEASED (Type or Print) DEATH HENRY October 1955 5. SEX COLOR OR SINGLE, MARRIED. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS RACE WIDOWED, DIVORCED Months Hours (Specify) Male 66 Yrs. Colored Married 1-23-89 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (Steta or foreign country) CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY? St. Mary's Co. Maryland Janitor U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joe Smith Catherine Barber 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yes, no, or unk.) (If Yes, give wer or dates of service) I'm im own Clin.Rec. Vet.Adm. Hosp. Ft. I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH UNKNOWN CARCINOMA OF TAIL OF PANCREAS IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES T NO Exploratory laparotomy

21b. PLACE (Home, farm, factory,
ATH OF INJURY street, office bldg., etc.) 10-7-55 21a. ACCIDENT WAS UNDERLYING 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Day) 2If. HOW DID INJURY OCCUR? 21d. TIME OF INJURY (Month) (Yaar) (Hour) 21e. INJURY OCCURRED Not while at work at work and that death occurred at 3:35.4M, from the causes and on the date stated above. DATE SIGNED 10/22/55 wandeGYi f M.D. WAH Ft. Howard Md LOCATION (City, town, or county) BURIAL, CREMATION. DAJE THEREON REMOVAL (SPECIFY) Burial Baltimore National Cemetery Baltimore, Maryland 24. RECID BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE

1463 N. Carey St., Balto. Md.

requires that the affending R HOSPITAL by the hospital HOSPITAL detached pe WE þ retained O shoul The SICIAN executed DIRECTOR: assembly 99 peen certificate has FUNERAL certificate death

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CERTIFICATE OF DEATH

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	STATE OF THE PARTY				
	bodynak	THE		90.00	
	3.00		Age III	Lange Lange	Jack Committee
200 38	LOCA I. HOSOL	tal	intoll in Ligadia	dileta poera s	MOST THE
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	, do and to and and	Aprillouis	zam dra clai		Yes
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1) V 1202)	1070	(02:38E		an organization of the second	

s after death.

executed

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09546

9548

CERTIFICATE OF DEATH

			30
ea.	Dist.	No.	20

	1. PLACE OF DEATH Palto.	2. USUAL RESIDENCE (HOME) OF DECEASE	D
	COUNTY AMARYLAND	STATE M. COUNTY	Palto.
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nea	rest town)
	OR and give nearest town) 52 TOWN BALTI MER E-CAT. (in this place)	TOWN BALTIMORE	X
	HOSPITAL OR Pinal hand Manager	STREET (If rural give location)	/
	90 STREET ADDRESS RIEN MARA NURSING HOME.	ADDRESS 306 IN gleside	Ave.
	3. NAME OF (first) (Middle)	(Last) 4. DATE (Month)	(Day) (Yaar)
H	(Typa or Print) KATHERINE S. SMI	The DEATH OFT.	27 1955
	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	BIRTH 9. AGE last birthday IF UNDER	R 1 YEAR IF UNDER 24 HRS.
	FEMALE WAITE (Specify) SINDLE 11-27-	-1892 62 yrs. Months	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even If OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	. CITIZEN OF WHAT
	relified) Book Koep & STech Miths	BALTIMORE Md.	W. S. a.
Ш	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	ThONAS. 13. SMITH	SALLIE E. ENGL	AR
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	& Ixgleside
A	(Yas, no, or unk.) (If Yas, giva war or dates of service) 278-07-1529	A. MAS. JOHN A. MAJON	Ave (28)
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO, DEATH	TIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	1001 lost wast prove	· Day tailing	1/ / 100
	If the IMMEDIATE CAUSE (A)	and factore	16 145
	ANTECEDENT CAUSE(S) DUE TO		
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE		
	STATING UNDERLYING CAUSE LAST. DUE TO ASCVD		Unknown
	TO THE REATH BUT NOT RELATED TO THE	1	11
57	DISEASE OR CONDITION CAUSING DEATH. MARICALL OUR	esily	Unknown
C	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
m			YES NO
H	21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR? (City or town) (Cour	nty) (State)
		RIF. HOW DID INJURY OCCUR?	
	M. at work at work		
	22. I hereby certify that I attended the deceased from L. 6	19.55, to OCT 27, 1955, that I	last saw the deceased
-9	alive on O.C. 2.6, 19, and that death occurred at		
TOM	SIGNATURE	ADDRESS (Sfreet, city, town, state)	DATE SIGNED
10	South les les Manage man	& Epadamoia Die Came	1/ Md
1.55	23. BURIAL, CREMATION, DATE THEREOF, NAME OF CEMETERY OR C	CREMATORY LOCATION (City, town, or county	MAS 10-51-33
A15C	REMOVAN (SPECIEY)	D. V B. 17 11/	(State)
A1	Danal 1729/53 LOUDON,	MARK PALIO, ME,	
V.S	24. REC'D BY REGISTRAR BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
	DATE Victor 6 Harry	& Truman Dochunk	35/2 FREG.
	TA -	- Comment / Sicher	CY) AVE.

Recorded 1988

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BUREAU V. S.

COMPANIENCE TO THE PROPERTY OF THE PROPERTY OF

MARYLAND STATE DEPARTMENT OF HEALTH

9547

2411 N. Charles Street, Baltimore

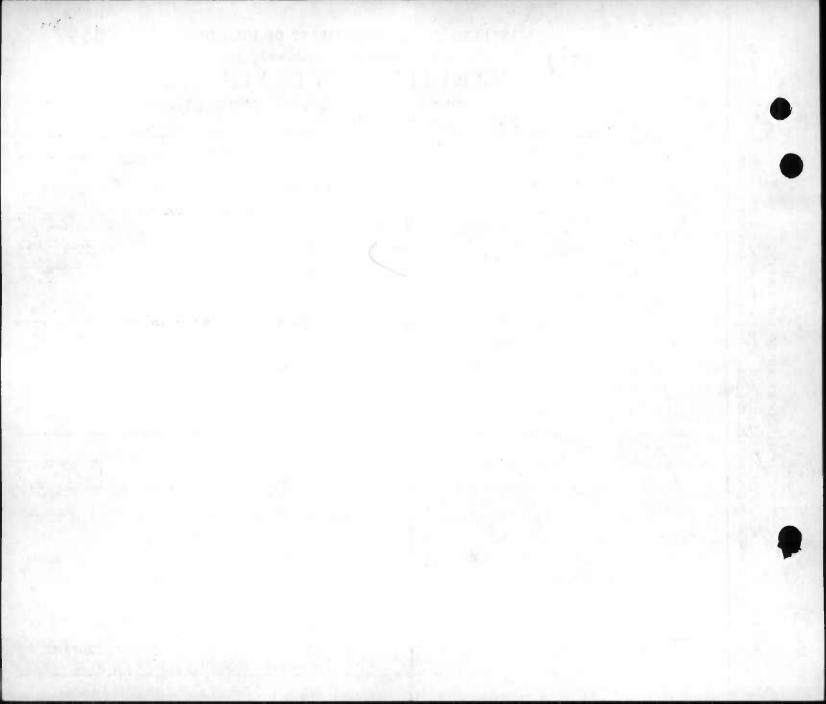
CERTIFICATE OF DEATH

Reg. Dist. No.

PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Balto MARYLAND MARYLAND	STATE Med GOUNTY
CITY (If outside corporate limits, write RURAL and 1 LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) TONSVILLE (in this place)	TOWN Mulder 1 08 V 2
HOSPITAL OR HOULE	STREET (ii prai give location)
INSTITUTION OR 16 FUSTING AVENUE	ADDRESS
. NAME OF (First) / (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) BENVAMIN 5.	NESIL OF DEATH OCT. 16 1953
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hr
MALE WHITE WIDOWED, DIVORCED, (Specify) Willowed	July 10, 1883 72 yrs. Months Days Hours Min.
a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	XII. BERTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
one during most of working file; even if retired) INDUSTRY	austria Country A.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
midgel Suesil	Devora ?
WAS DECHASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT
es, no, or unknown) (If yes, give war or dates of	n. EH A. Malderf, mel.
laervice)	This coller Mosenstein
18. MEDICAL CE	ERTIFICATION INTERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
260X Puter 2 100	entra (asher Vascular Dis. 54Rs.
Immediate cause (a) ANTINO XELE	este (and variable ves .) 3 4 ks.
1-	1.
Antecedent cause(s) Diseases or conditions, if any, (b) Sultary Lieux	hoses O MORTA
giving rise to the above cause	
stating the underlying cause last	1/2.
(c) VESTS PCI PCI	curs 1/
OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 🗵
ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bidg., etc.) IIOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While	
INJURY m. Work At work	
I hereby certify that I attended the deceased from Oct.	, 1953, to Oct. 6, 1955, that I last saw the deceased
. I hereby termy that I attended the deceased from	, 15, that I hast saw the deceased
alive on Oct. 6, 1955, and that death occurred at.	12:0/P.m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
(h. 1) & land they	18.00 Better So Beat notes
relief 6. Dog lag	1905 W. Barruns M: Kern 2344 10/16/3
BURIAL CREMATION DAPE THEREOF NAME OF CEMETE BEMOVAL (Specify)	PRY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify) Pet 18/55 Hebrew Fr	windship Battimore maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADORESS
	24. FUNERAS DIRECTOR / ALDRESS
REG.	
	Jol Leinson & Bros Inc. 1124-26 X. north au

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

correct age



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DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

IEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No
	GTOD TI-TO-OO EMB				

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	2000
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL LENGTII OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits write RURAL and OR	give nearest town)
X TOWN Owings Mills 33 yrs.		3401-4
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood Training School	STREET (If rural, give location) ADDRESS 109 S. Ann Street	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Adam	(Last) 4. DATE (Month) (Day OF DEATH 10 2	(Year)
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED.	E OF BIRTH: 9. AGE last birthday: IF UNDER I Y	4
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		CITIZEN OF WILA
13. FATHER'S NAME: Michael Sobus	14. MOTHER'S MAIDEN NAME: Anna Szafarz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Anna Sobus 15 S.Castle Street	
18. MEDICA 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION	INTERVAL BETWEEN
Immediate cause (a) Peritonitis due	to perforation of	ONSET AND DEATE
Antecedent cause(s)	minal ileum	
Diseases or conditions, if any, (b)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes 2 No
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.	,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while 1NJURY M. M. work □ at work □	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains describ	ped above, held an Autopsy & Inspection	, Inquiry . an

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. - 5 - 53 A15A

FOR BINDING

MARGIN RESERVED

23. BURIAL, CREMATION, REMOVAL (Specify):

SIGNATURE

DATE THEREOF

Natural causes A,

M. D. NAME OF CEMETERY OR CREMATORY

Accident [],

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. LOCATION (City, town, or county)

Suicide , Homicide ,

DATE SIGNED 155 (State)

Undetermined cause [

Ave-Balto, Md

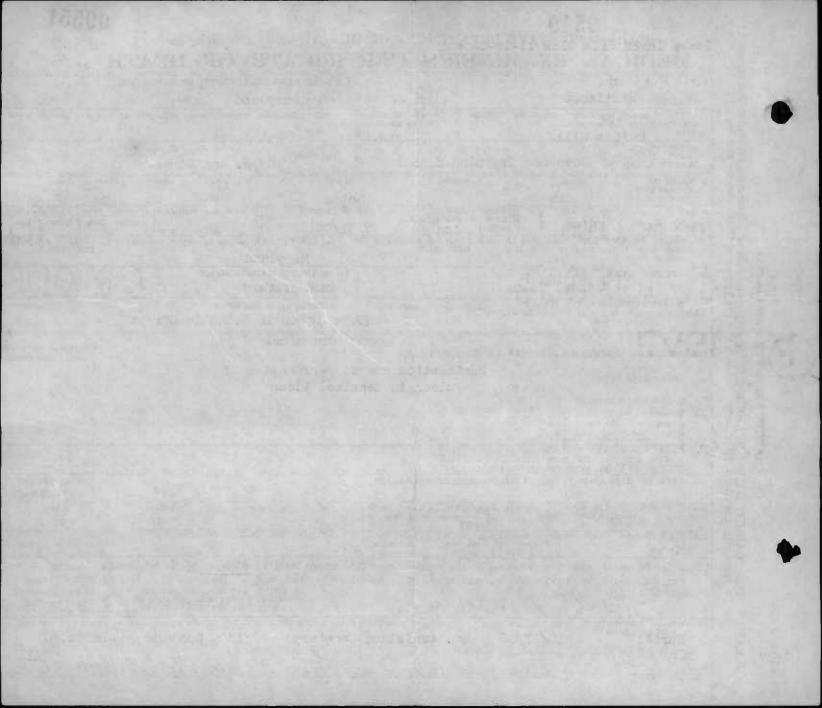
Cometery ADDRESS

DATE REC'D BY LOCAL REG.

find that death resulted from?

St. Stanislaus REGISTRAR'S SIGNATURE

/27/55



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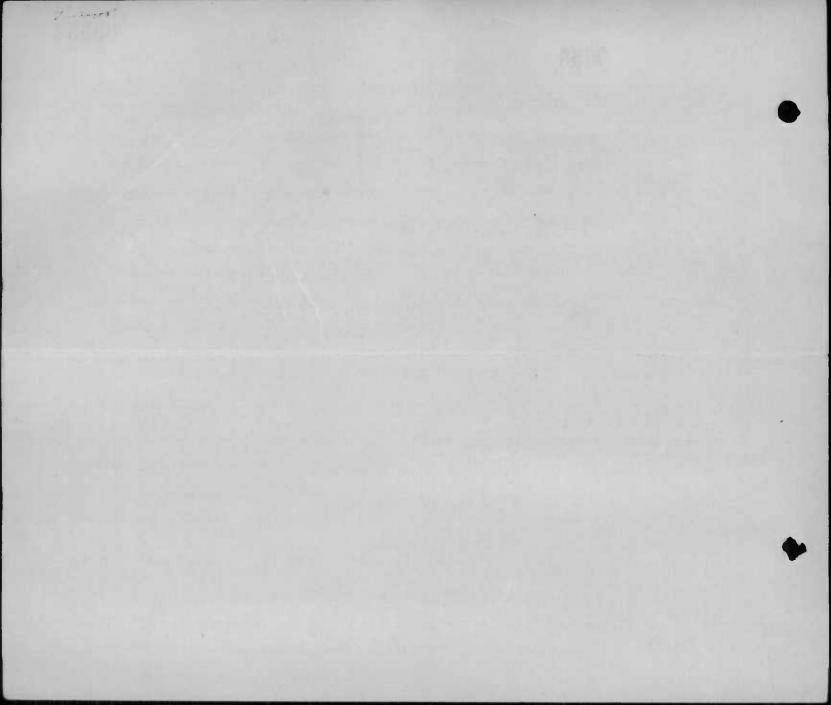
CERTIFICATE OF DEATH

FOR MEDICAL	FYAMINERS	38
Item 12 FilmG187 10-14-55 et FOR MEDICAL	LAAMINERS	Reg. Dist. No.
1. PLACE OF PENTI. COUNTY DO / timor & MARYLAND	2. USUAL RESIDENCE (HOME)	OF DECEASED. COUNTY 8 / 0 / - 4
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	OR OR	write RURAL and give nearest town)
TOWN OWNSON TOMINUTE		If rural, give location)
INSTITUTION OR STREET ADDRESS BALTIMORE COUNTY COUNTY	ADDRESS 850 K	Illman PourT V
3. NAME OF DECEASED (First) (Middle) (Crype or Print) John A.	(Last) 4. D	
6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED,		E last birthday If under 1 year If under 24 irs. Months Deys Hours Min.
(Specify) 10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working life, even/if retired), INDUSTRY	11. BIRTHPLACE (State or foreign	1 country) 12. CITIZEN OF WHAT COUNTRY? U.S. A.
13e Tired. WATCHMAN	SWEDEN NAME	
13. FATHER'S NAME	7, MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (II yes, give war or dates of 2/5-0/-17/2	MRS STELL	y. SoderLund-
18. MEDICAL CE	RTIFICATION	1,
I. DISEASES OR CONDITIONS DIRECTLY LEXDING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) COTOMOT	y Ocalus	sion Sudden
Antecedent cause(s)		
Disease or conditions, if any, (b)		
giving rise to the above cause steting the underlying cause lest		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deeth.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING Office bidg., etc.) CAUSE OF DEATH. INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Dey) (Year) (Hour) INJURY OCCURRED OF While at Not while NJURY m. at work	HOW DID INJURY OCCUR?	
 I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece 	used died on the dry stated abov	e, and death in my opinion resulted
from: patural causes accident , suicide , homicide ,	ADDRESS	DATE SIGNED
Charlest ODannellmo	-7501 Wark	Rd Towson 17/55
27 BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	(0) I	ON (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	/ (ADDRESS
REG.	The second of the	10 1501 Hailot

WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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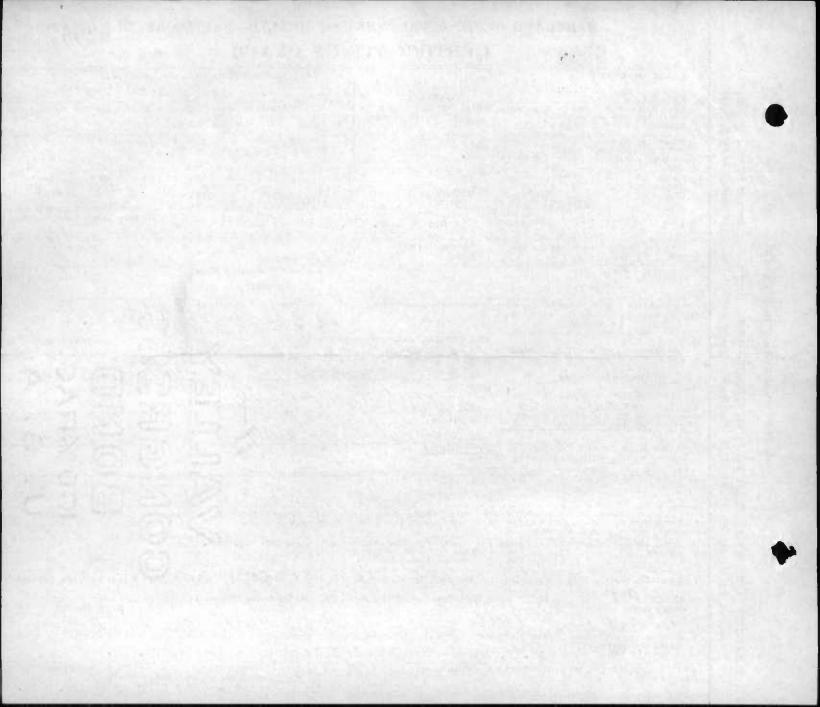
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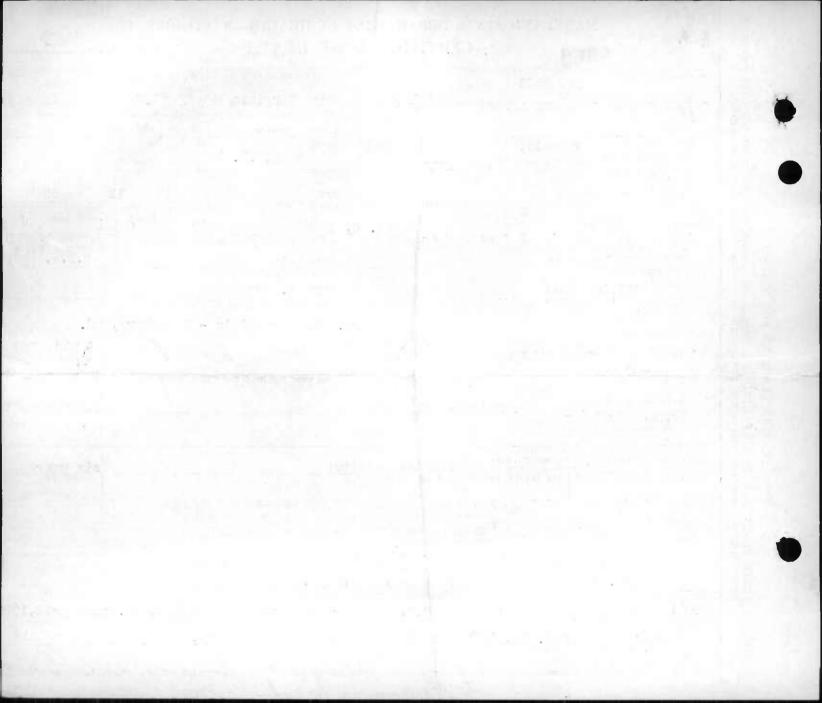
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 RE, 18 09549 Reg. Dist. No.

CERTIFICATE OF DEATH 9551

7702			
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
county Baltimore MARYLAND			
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL and give nearest	town)	
OR and give_nearest town), (in this place)	OR TOWN Randalls town	,	
^	X		
HOSPITAL OR Briarstone Rd.	STREET (If rural give location) ADDRESS Briarstone Rd.		
STREET ADDRESS DILLIPS CORE AC.	Di Latis coito Mas		
	(Last) 4. DATE (Month) (Day) (Year	.)	
DECEASED: (Type or Print) Henry Thomas So:	rrell Oct. 30 19 5	55	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24	HRS.	
Nale White (Specify): Widowed Aug. 2	6, 1864 91 yrs. Months Days Hours	Min.	
DA. USUAL OCCUPATION (Give kind of NOB. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF V	WHAT	
even if retired; Contractor and Builder	Maryland		
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
Thomas Sorrell	Unknown		
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:		
(Yes, no, or unk.) (If Yes, give war or dates None	Mary Viola Smith - Briarstone Rd.		
18. MEDICAL CERTIFICAT	ION INTERVAL BET	WEEN	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND	DEATH	
442X (business)	ephritis - E Chemia - 3 mos		
	council - c chemia - 3 mos	>	
ANTECEDENT CAUSE (8)	10 All discours		
DISEASES OR CONDITIONS, IF ANY. (B) HIMILIAM	of 1.0. autare		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(c) rinal 1	neuthalency- 54FAX	25	
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH.			
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOP		
	YES	° []	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) (County) (State INJURY OCCUR?	ie)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
OF INJURY While at work at work			
22. I hereby certify that I attended the deceased from HRRAL 1, 1951, to Care 27 1955, that I last saw the deceased			
alive on ColR7 (1957, and that death occurred at	1:30 M, from the causes and on the date stated above.	17-11	
SIGNATURE 6 / /	ADDRESS /// DATE SIGNED		
MAMOR C. MULLELL	1001 (Uhila) Kd - Bulla) - 11-1-55		
	ERY OR CREMATORY LOCATION (City, town, or county)	(State)	
PEMOVAL (SPECIEV)	ral Cemetery Baltimore, Md.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS		
1911/55 1/11 - 17 care 1211	sworth Armacost - 4600 Liberty Hghts. A	VO.	





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09554

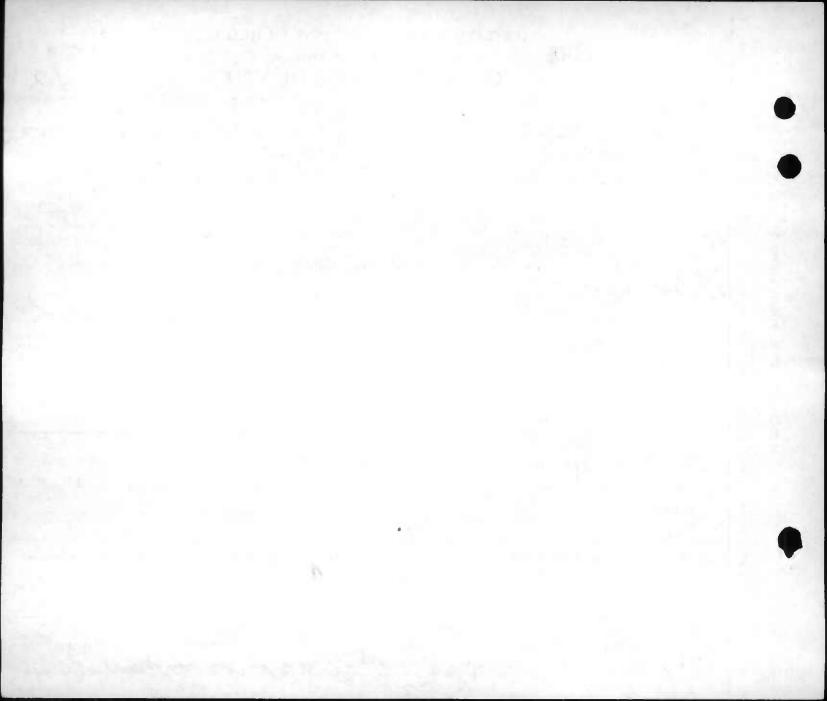
CERTIFICATE OF DEATH

Reg. Dist. No. 42

Item 9, Film 187 10-19-55 et		
1. PLACE OF DEATH- COUNTY 12 12 00 0 P MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.	Y party
CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and CITY (In this place)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5/00 Reputus Rue.	STREET (If rural give location) ADDRESS 100 RADILEUS	AUES
3. NAME OF Pirst) DECEASED (Type or Print) 7 EOR BE	(Last) 4. DATE (Month) OF DEATH OCT:	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARKED, WIDOWED, DIVORCED, (Specify)	Jan: 18: 1899 00 617 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) dop odring most of working life, even if retired) LIDUSTRY	Bablimore-Md	2. CITIZEN OF WHAT
Volum What	LOURS BOND	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of 1/2-12-3795-Representation)	Bessie S. Spalt-5100 AR	butus Per.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)		Interval Between Onset and Death 5 hrs.
stating the underlying cause last	ROJAL INFARCTION ED ARTERIOSCLEROSIS	
(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY	Total Control
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	6 20 Am, from the causes and on the date of	
MUNICIPAL Oct: 14:55 Loudon	ERY OR CREMATORY LOCATION (City, town, or cour	nn /
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	X 13 Willand - 1300 Ent	ner Plass

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

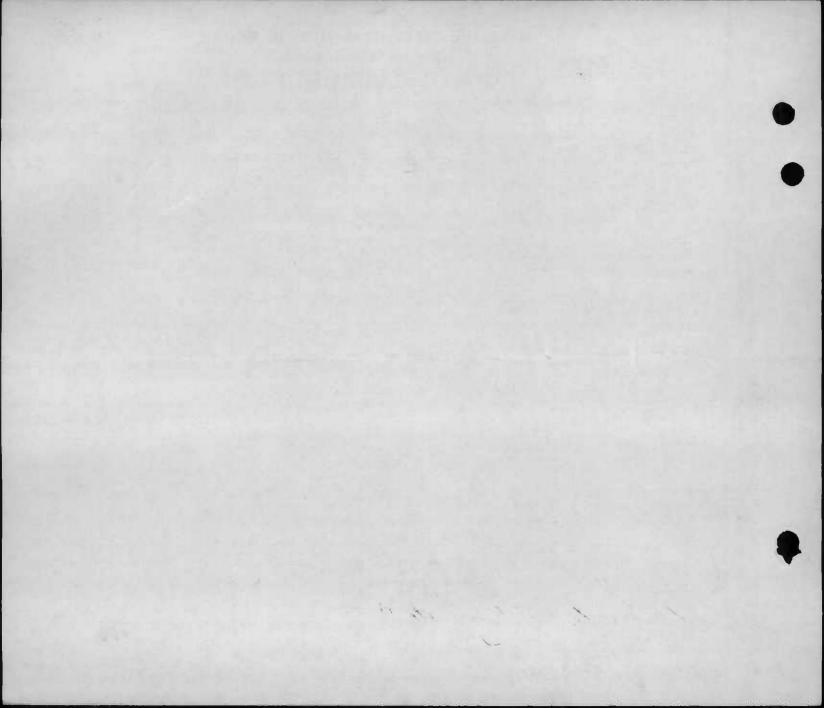
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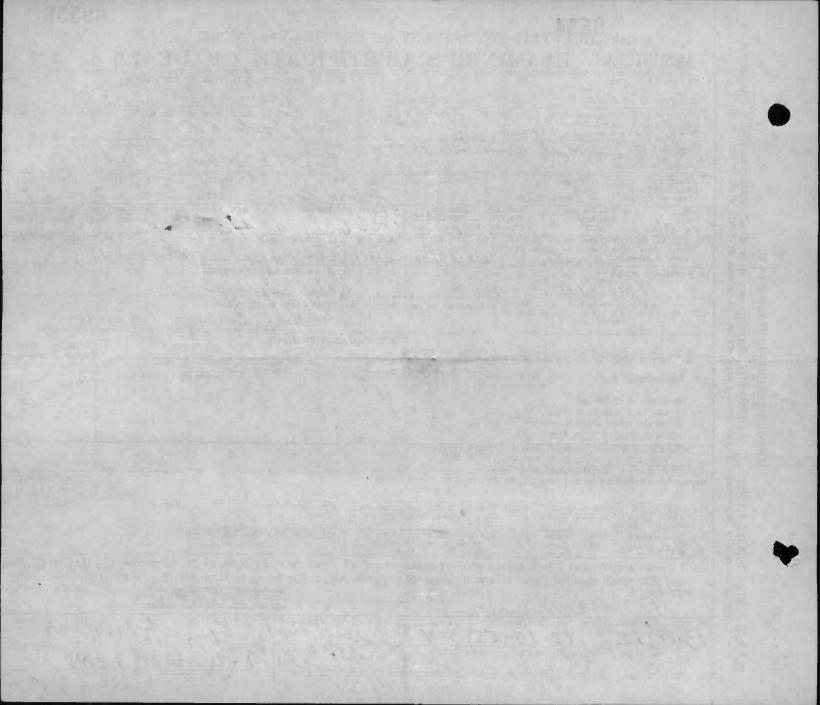
CERTIFICATE OF DEATH

Reg. Dist. No.

09555

I. PLACE OF DEATH-		2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	nu .
Ballimore	MARYLAND	Hary Paul	Ballemare
CITY (If outside corporate limits, write RUR.	AL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and	rive nearest town)
Y TOWN Noteh Cliff hear Tows	(in this place)	TOWN Noteh cliff year Towson	X
HOSPITAL OR		STREET (If rural, give location)	1
INSTITUTION OR STREET ADDRESS VIPPA Mario	9 leyaren Rd	ADDRESS & Penarm Rd	
3. NAME OF (First)	(Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Sister Mary Re	driquez Speis	OF	14 1955
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If unde	
Feurale White	WIDOWED, DIVORCED, (Specify)	March 2, 1882 73 yrs. Month	B Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR		I2. CITIZEN OF WHAT
done during most of working life even if retired)	INDUSTRY RELIGIOUS	Philadelphia Pa	COUNTRY?
18. FATHER'S NAME	75-7-01	14. MOTHER'S MAIDEN NAME	7, 0.1.
Adam Shai		Theresa Hofzer	
15. WAS DECRASED EVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Note &	1100
(Yes, no, or unknown) (If yes, give war or dates of leervice)	of	Sr. Mary Clara Villo Mari	TTIMA
The vice	18. MEDICAL CE		7/10
		WINDALION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH		ONSET AND DEATE
480.1	Carmanill	colusion sudden	au P
Immediate cause (a)	Coronary C	Le will ou Suaden	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			***************************************
(e) II. OTHER SIGNIFICANT CONDITIONS			7
Conditions contributing to the death but not related to the disease or condition causing deat			
198. DATE OF OPERATION 19b. MAJOR I			20. AUTOPSYT
21. ACCIDENT (Specify) PLA	CE (Home form factory street	(CITY OR TOWN) (COUNT)	Yes No
SUICIDE OF INJU	CE (Home, farm, factory, street, office bidg., etc.)	(COUNT	Y) (STATE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m.	While at Not While Work At work		
22. I hereby cortify that I attended the	e deceased from Man. 1	, 1950, to Oct 14, 1955, that I last	saw the deceased
1 101 12 1057		2553	
SIGNATURE	d that death occurred at((Degree or title)	2.55. P.m., from the causes and on the date	stated above.
SIGNATURE	10	ADDRESS	DATE SIGNED
Whallstown	ullemo	7501 York Rd	10/14/55
23. BURIAL, CREMATION DATE THEREO	F NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or cou	inty) (State)
23. BURIAL CREMATION DATE THEREOREM (Specify)	- 55 VILLA MA		R Tourson MA
DATE REC'D BY LOCAL REGISTRAR'S		24 FUNERAL DIRECTOR	ADDRESS
15 1955 R.IN.		901 5. COL	TETNEST.
JOHN 13 1100 TV		BALTO.	L4, MD





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

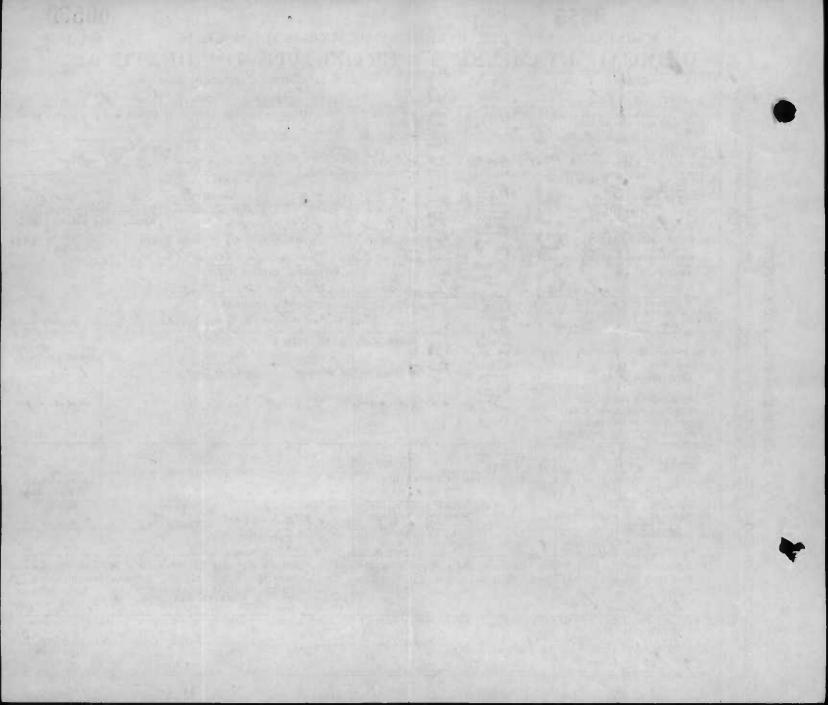
09550 Reg. Dist.

EVAMINED'S CEDITIFICATE OF DEATH

MEDICAL EA	AMIINER S	CERT	INTOALL	Or .	DEATH	No
I. PLACE OF DEATH:		2.	USUAL RESIDENCE	(HOME) O	F DECEASED:	0 .
COUNTY Balto.	MARYL	AND	STATE and	COUN	ITY Bal	en.
CITY (If outside corporate limits, v OR and give nearest town)	(In thi	OF STAY is place)	CITY (If outside cor OR TOWN Bal	porate limite	write RURAL an	d give nearest town)
HOSPITAL OR INSTITUTION OR 6309	Winser mi	Al RA	STREET ADDRESS 6 3 0 9		ural, give location)	I Rd.
3. NAME OF (First) DECEASED: (Type or Print)	(Middle) MACK	5 PR	OUSE	OF DEATH	(Month) (Da	(Year) 1965
make 6. COLOR OR RACE: The	7. SINGLE, MARRIED, WIDOWED, DIVORCEI (Specify): "Trafting		F BIRTH: 9. A	GE last bir	thday: IF UNDER I Months D	YEAR IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give ki work done during most of work even if retired):	nd of 10b. KIND OF BU	USINESS OR	n1 1	" of the	3//	COUNTRY?
13. FATHER'S NAME:		1	4. MOTHER'S MAIDE	N NAME:	,	
Ruber	15. Sprin	exc	Georgie	1 m	arsh.	
15. WAS DECEASED EVER IN U.S. ARMEI (Yes, no, or unk.) (If Yes, give war or service)	FORCES? I. SOCIAL SECUR	No.: 17.	informantle add		rhle (Sa	me adobres
Jan-	14/6/1	IS MEDICAL	CERTIFICATION			
I. DISEASES OR CONDITIONS DIRE	CTLY LEADING TO DEA		CERTIFICATION			INTERVAL BETWEEN
976 X Immediate cause	(a) Shot I	down.	head &	pisto	1	11
Antecedent cause(s)	b) Depress		~ -	4	4010	11.1-
Diseases or conditions, if any,	b)	ea ove	2 cours.	um		ranys.
giving rise to the above cause DI stating underlying cause last	JE 10					
II. OTHER SIGNIFICANT CONDITIO	(e)					
TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUS	ELATED TO THE ING DEATH.	"nor	ve .			
19a. DATE OF OPERATION: 19b. 1	The same	sinc.	·			20. AUTOPSY? Yes [] No [X]
21a. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING CAUSE OF DEATH.	INJURY -17	ce bldg., etc.,	21c. (City or town)	toor a	Rounty)	(State)
	M. While at work	Not while at work		most	1.	
22. I hereby certify that I too						
find that death resulted fro	m: Natural causes	, Acciden		Homicio EDICAL E		DATE SIGNED
SIGNATURE Caples			DEPUTY	MEDICAL T MEDICA	EXAMINER .	10-211-15.5
23. BURIAL, CREMATION, DATE REMOVAL (Speedly):	THEREOF _NAME OF	CEMETERY	OR CREMATORY alienal Com	LOCATION	(City, town or o	
	TRAR'S SIGNATURE	1 .4	24. FUNERAL DIREC	TOR	2	ADDRESS
10/24/55 11.	11/1/200	2659	1. RISHY	LK	timule	OUL

4600 Siberly Heights

VS. A15A - 5 - 53



A15 - 10 - 53

VS.

RE, 18 ()9557 Reg. Dist. No. 35 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Q	556	CERTIFICATE	OF	DEATH
. 3	01.11	OBMITTIOALL	OT.	TATE THE

oly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
100	COUNTY DA / TIMOYE MARYLAND	STATE Md. COUNTY Baltimore.
and legibly	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
pu	OR and give nearest town) (in this place)	OR TOWN Part to 20
	X TOWN / ZYKTON 8/yrs.	Jain Non
Y	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
186	M STREET ADDRESS Main	Main
cje	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
death clearly	DECEASED: OF (First) (Middle)	CC/ OF NATIONAL SE
68	(Type or Print) / easan (/, 0 /)	TT/ex- DEATH ()()00er/, 1900.
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday If UNDER I YEAR IF UNDER 24 HRE. Months Days Hours Min.
of	Mala White (Spany) wried Augus	15 1874 X yrs. Months Days Hours Min.
causes	IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
IU3	work done during most of working life. OR INDUSTRY:	DILL XAI 7. COUNTRY?
	1111/1001/101 9,0,114/	1 drk/on, // a. 4. 1. 1.
he	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
43	Wohn of ttpx	Darah Daublitz
write the	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESSAN
	(Yes, nf or unk.) (If Yes, give war or dates	HAA (600 - TTIII) AND FIRE
9	of service)	Mrs. Class uppear, aryston, rich
please	18. MEDICAL CERTIFICAT	() •
D,	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
**	IMMEDIATE CAUSE (A) Carcus	one of the Colone
Physicians	IMMEDIATE CAUSE (A) DUE TO) Cook
ic.	ANTECEDENT CAUSE (S)	
YS	DISEASES OR CONDITIONS, IF ANY. (B)	
Ph	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
	(C)	
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
rt	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
bdu	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N and a second
in	TON DATE OF OF EIGHT ON	20. AUTOPSY?
>		120 100
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (County) (State)
Sp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?
	OF INJURY While Not while at work	
Si .		1064 001 17 10 17
age	22. I hereby certify that I attended the deceased from	
	alive on	2,00A.M, from the causes and on the date stated above.
correct	SIGNATURF	DATE SIGNED
rre	A.M. trance	. D. & arketon Jud. 10/19/55
00		ERY OR AREMATORY LOCATION (City, town, or county) (State)
	PREMOVAL (SPECIFY) NAT 20 1953 Pin a Crya	ue lemeter Farkton Md.
	SULL CONTRACTOR OF THE	1/20 PUNERAL DIRECTOR 1 1 ADDRESS
	DECLETER !	The to Day Loads P
	resistry 10/20/55 Ghesler Jeellen	- XXXXX (HOLLUMUM, MUN JUNESOM, VA

BUREAU V. S.

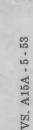
001 88 1922

DECENATED

9557 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 DICAL EXAMINER'S CERTIFICATE OF DEATH

195c Reg. Dist. 09558

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASEDED
COUNTY Sallinge MARYLAND	STATE MA COUNTY Saluman
COUNTY Patterns MARYLAND CITY (If outside corporate limits, wite RURAL LENGTH OF STAY OR and give nearest town of the thing piece) TOWN Control of the piece of the pi	
DECEASED:	C1'CC and OF
RAGE: WIDOWED, DIVORCED, Will (Specify): Married Wo	vember 8. 1897. 3-7 yrs. Months Days Hours Min.
work done during most of work life INDUSTRY:	
	P. I.
(Yes, not of unk.) (If Yes, give war or dates of	2 Stadyo Stafflon - XY len Rock ROS
18. M1	DICAL CERTIFICATION
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
The state of the s	was your formal succession
/1. \	
atating underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	nie aloholisim lukum
19m. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION	N: 20. AUTOPSY? Yes □ No ᡚ
PRIMARY or CONTRIBUTING OF street, office bldg.	
OF While at Not wh	ile_
	CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER
Buria (October 0.1955. Stil	Tz Cemetery GlenRock Pa. R.D.3.
	2. Lasor Harlenstein How Foron Pra



BOREAU V. S.

9961 101

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A15-10-53

VS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09559

CERTIFICATE OF DEATH

Reg. Dist. No. 35

47 9.5 9.3		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	0:
COUNTY Baltimore MARYLAND	STATE Md. COUNTY Bal	Timore.
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
OR and give nearest town) TOWN TOW	TOWN From Ind.	Y
HOSPITAL OR	STREET (If rural give location)	
INSTITUTION OR AA	ADDRESS AA . C+	/
STREET ADDRESS /// J/n S/.	//lain D/.	
S. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (I	Day) (Year)
(Type or Print) TOWAY d E, Qu	Tron. DEATH: () Clabe	r /9, 1955.
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	J. AGE last bit aliday it strong	EAR IF UNDER 24 HRS.
Male White (Specific days dely)	11 1879 76 yrs. Months D	ays Hours Min.
DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINES)	1. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHA
work done during most of working life, even if fetired is 100 %	Balta Ca Md	SOUNTKE!
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	2. 3.11.
100 (144	(- 1 E): 1 +1 /	
Vetterson Quillon.	Daran L (12abe/4 (oper.
Was Deckased Ever In U.S. Armed Forces? 18. Social Security No. Yes, mp/or unk.) (If Yes, give war or dates	7. INFORMANT & ADDRESS:	0 14
of service	Semeth Sullar Fir	celand M
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0: 11 10 .	ONSET AND DEATH
420.0	Porter Heart Nesses	MINI
IMMEDIATE CAUSE (A) COLOR COLOR DUE TO	cert fee freact the care	10 1916
ANTECEDENT CAUSE (S)	inalpania	20011111
DISEASES OR CONDITIONS, IF ANY. (B)	vicereur	201900
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	,	1
(c) New		
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	70	
DISEASE OR CONDITION CAUSING DEATH.		
9A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
Mone mone		YES NO
1A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac ONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg. FIFTHER, NOTIFY MEDICAL EXAMINER)	etory, 21c. WHERE DID (City or town) (Count, etc. INJURY OCCUR?	(State)
1D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?	
F INJURY While at work at work		
A	160/105/ 106/ 1055 About 12-1	
22. I hereby certify that I attended the deceased from Content	that I last	
	5,00%, from the causes and on the date	
SIGNATURE	ADDRESS DAT	re signed
C CC CC CC	N. DLEW RELACIN, 10 10	1 - 1 -
REMOVAL (SPECIFY)	TERY OR CREMATORY LOCATION (City, town, or	county) (State
Burial UCT. 22/935: MT. Lion	Cemetery Freeland.	Md.
DATE REC'D BY LOCAL RESISTAR'S SIGNATURE	P4 FUNERA DIRECTOR X.	ADDRESS
REGISTRATO /20/38 Coliestes & Feellone	& Jacob Harlenstein How 7	Tralagons VI
	The state of the state of the state of	, , , , ,



OWELL 3206 GRACE RD. Interval Between Onset And Death 20. AUTOPSY ? Yes No (STATE) (COUNTY) Polober 20 19 53, that I last saw the deceased, from the causes and on the date stated above. LOCATION (City, town, or county) MEMO. ADDRESS 2/12 ULLRICH FUNERITU HOME DUNDHUK

Reg. Dist. No. 5

Months

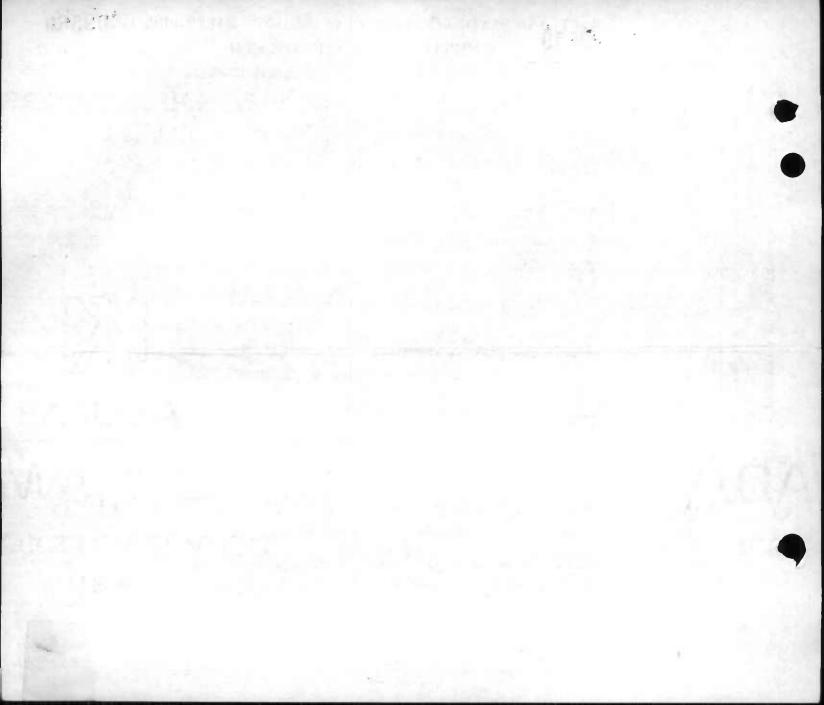
Davs

12. CITIZEN OF WHAT

COUNTRY!

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9560 CERTIFICATE	T OF HEALTH—BALTIMORE, 18 (19561) C OF DEATH Reg. Dist. No. 33
1. PLACE OF DEATH: COUNTY Baltimore MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Glyndon 4 yrs HOSPITAL OR HOSPITAL OR STREET ADDRESS 11 Central Avenue	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland county Baltimore CITY(If outside corporate limits, write RURAL and give nearest town OR TOWN Glyndon STREET (If rural give location) ADDRESS 11 Central Avenue
(Type or Print) Charles Alexander Ta 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE RACE: WIDOWED, DIVORCED, 8. DATE	Last) 4. DATE (Month) (Day) (Year) OF DEATH: OCT 23 1955 OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR Hours Min. 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Waryland
William Fletcher Talbert St. WAR DECRASED EVER IN U.S. ARMED FORCEST (Yea, no, or unk.) (If Yes, give war or dates None	14. MOTHER'S MAIDEN NAME: Martha M Warfield 17. INFORMANT & ADDRESS: Miss Florence Talbert Glyndon Mc
ANTECEDENT CAUSE (8)	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor or contributing GABSE OF DEATH OF INJURY street, office bldg., of INJURY street, office bldg., of INJURY street, office bldg., of INJURY Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while of INJURY NOT while of INJURY NOT while of INJURY occurred to the deceased from Jan. 1	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR? NONE 21F. HOW DID INJURY OCCUR? NONE

22., 19 55 and that death occurred at 4: 30 AM, from the causes and on the date stated above.

NAME OF CEMETERY OR CREMATORY

Thomas Cemetery

M.D. Reisterstown, Md.

DATE SIGNED

(State)

Md

LOCATION (City, town, or county)

Owings Mills

24. FUNERAL DIRECTOR & Sons Reisterstown



10 - 53 VS. A15

BUREAU V. E.

SEET 188 10C

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BUREAU V. S.

Anton Anton ...

SS51 22 102

MECENAED

INSTRUCTIONS

ATTENDING

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VS A15C 1-55 10M

Shipped to: Garnes

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9551 CERTIFICATE OF DEATH 09563

			R	eg. Dist. N	10.44
1. PLACE OF DEATH		2. USUAL RESIDEN		ECEASED	
COUNTY Baltimore	MARYLAND	STATE Marylan	d COUNTY	Beltim	000-
OR end give neerest fown) TOWN Fort Howard	(in this place) 10 days	CITY (It outside corpor OR TOWN Balti		and give neerest (3 V 0 1 - 4
HOSPITAL OR SO STREET ADDRESS Veterans Administra	tion Hospital	STREET ADDRESS 1618 W.	(If rural given Fayette St	va locetion) creet	
	Aid dla)	(Last) TERRY	4. DATE (Mor	nth) (Da	(Yaar) 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, DIVE (Specify) Sin	ORCED.	28/22	AGE last birthday 32 yrs.	Months Da	Hours Min.
10e, USUAL OCCUPATION (Give kind of work 10b, KIND	OF BUSINESS	11. BIRTHPLACE (State or foreign Vance Count North Carol	V		U.S.A.
13. FATHER'S NAME	,	14. MOTHER'S MAIDEN N			
Andrew Terry		Flora Eat	on		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT & A		LIVE S	U'E-E-E
(Yas, no, or unk.) (If Yes, give wer or dates of service)	Unknown	VA Clin.Re	cVet.Adm.	Hosp. F	t. Howard Md
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CEI				INTERVAL BETWEEN ONSET AND DEATH
	EC'S CIRRHOS	IS		U	INKNOWN
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)					
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. MALNU	JTRITION, SEV	ERE		Į	JNKNOWN
198. DATE OF OPERATION 196. MAJOR FINDINGS C	F OPERATION				20. AUTOPSY? YES NO X
216. ACCIDENT WAS UNDERLYING 216. PLACE (Homa, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR	? (City or town)	(County)	(State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. While M. at wor		21f. HOW DID INJURY OCCUR	?		
22. I hereby certify that hattended the decess attended to the decess	that death occurred at	1:30PM, from the co	euses and on the c ESS (Straet, city, tow	date stated a	
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town	n, or county)	(Stata)
Removal 10/28/55	Antioch Cem	etery	Vance Coun	ty, N. C	Carolina
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	E. Trasber	25. FUNERAL DIRECTOR'S S		ADD	

& Williams, Henderson, N. Carolina

6. Joshow Wm. Charles R. Law Mortuary, 802-04 Madison Ave., Baltimore 1, Md.

STATE OF DEATH

Edward senot f. 1650

A CONTRACTOR OF THE PARTY OF TH SETTING DE BUT TO TO

BUREAU V. S.



THE TEN LOOK WINDS TO SEE THE TEN LESS OF THE PARTY OF TH Combined that and an A but made at the A MIDELL is bound that are little to other, some on a

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09564

CERTIFICATE OF DEATH 9562

Reg. Dist. No.

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
-3	12 11	MI			
	COUNTY Dat tun ou MARYLAND	STATE // C. COUNTY Balk			
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL end give neerest town)			
	TOWN!	OR COUNTY			
	1900101011 114915	MOCHIX			
		STREET (If rural giva location)			
		ADDRESS CONTRACTOR AND A PARTIES AND A PARTI			
		Carroll 11 a.			
		(Lost) 4. DATE (Month) (Day) (Year)			
		Thomas OF DEATHON STORE 2-72 1-1-			
		1730			
1		OF BIRTH 1794 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.			
	170/6 () ad (Specify) 3 at a 6/6	Months Deys Hours Min.			
	74 450 4740	(O) VIS.			
	antiquell () al / b.	Ravville Beth Co.Md SXSA			
		10/0111C ; 100010 CO.111CI.			
		714. MOTHER'S MAIDEN NAME			
	Votan / homas	75 muist Randa			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO	17 NEODHANT & ADDRESS			
	(Yes no grant) (If Yes give was or dates of service)	Tr. INFORMATI & ADDRESS			
40	215-24-14-	4 Ether Lellian Momes nount, Ma			
- 5	18. MEDICAL CER	TIFICATION INTERVAL RETWEEN			
-		ONSET AND DEATH			
	La Principal Control of the Control	Market Les museustet			
	IMMEDIATE CAUSE (A)	Occused Juvinums			
	ANTECEDENT CAUSE(S) DUE TO	at. when a way 71/200			
	DISEASES OR CONDITIONS, IF ANY, (B)	allens securioses ofrer 1 years			
	STATING LINDERLYING CAUSE DUE TO				
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	TO THE DEATH BUT NOT RELATED TO THE				
1	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
U		YES NO			
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory,	Pic. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
	OR CONTRIBUTING L. CAUSE OF DEATH OF INJURY street, office bidg., etc.)	(4000)			
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	alive on	1.2. M. from the causes and on the date stated above.			
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Ü		CKEMATORY (City, town, or county) (Stata)			
13	Build 10-22-55 XF 1180	1. MoTher of Honol ged Balling Mid			
S	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FINEDAL DIRECTOR'S SIGNATURE			
>	al Sh C// 1 th	ADDRESS ADDRESS			
	DATE (12722. 1955) Oh. Elizabeth Jorquel	I XPOTTIVE SOLL Xhope WI MICH,			
		THE MET SULLY SULLY STATE OF THE SULLY SUL			

MARTICAND STAYS DEPARTMENT OF HEALTH-EAST-MORE, 18 - 1 - 4 CERTIFICATE OF BEATH A SHIP WINDS BUREAU V. S. or becamed in my became

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ALLEGATION BY STANDARD AND MANAGEMENT

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MARYLAND STATE DEPARTMENT	T OF HEALTH—BALTIMORE, 18	9565
9398 CERTIFICATE	E OF DEATH Reg. Dist. N	io. Hr
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Ballemond MARYLAND	STATE Ind COUNTY Thank	and
CITY (If outside corporate limits, write RURAL CENGTH OF STAY and give nearest town) TOWN TOWN CITY (If outside corporate limits, write RURAL (in this place))	CITY (If outside corporate limits, write KURAL and OR TOWN	give nearest town)
HOSPITAL OR 1906 Marth Laster Perser Appress nursing formal	STREET ADDRESS /3 X - 2	R. F.O.
	(Last) 4. DATE (Month) (Day) (Year)
OECEASED: (Type or Print SAMUEL 5 7/1/	MONS DEATH: Oct 11	19 55-
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED, DIVORCED, (Specify)	9. AGE iast birthday Months Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired).	BIRTHPLACE (State or Areign country): 12. CIT	UNTRY?
13. FATHER'S NAME!	14. MOTHER'S MAIDEN NAME:	84
Zenknon)	Jent more	
18. WAS DECEASED EVER IN U.S. ARMED FORCEST 15. SOCIAL SECURITY NO.	INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs Marca 3. Lega	20
18. MEDICAL CERTIFICAT	the state of the	TERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		NSET AND DEATH
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ANTECEDENT CAUSE (S)	ide the tot	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES DIS	Lexerous, requirement	
STATING UNDERLYING CAUSE LAST.	14)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	·	20. AUTOPSY?
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21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	11953, tale tol, 19 Shat I last sa	w the deceased



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alive on and that death occurred at 430 M, from the causes and on the date stated above. SIGNATURE DATE SIGNED

23. BURIAL, CREMATIO NAME OF CEMETER wn, or county) REMOVAL (SPECIFY

DATE REC'D LOCAL FUNERAL DIRECTO

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Ceeder Kinel Leaver

BUREAU V. S.

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(Day)

Months. | Days | Hours | Min.

12. CITIZEN OF WHAT

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ONSET AND DEATH

(Year)

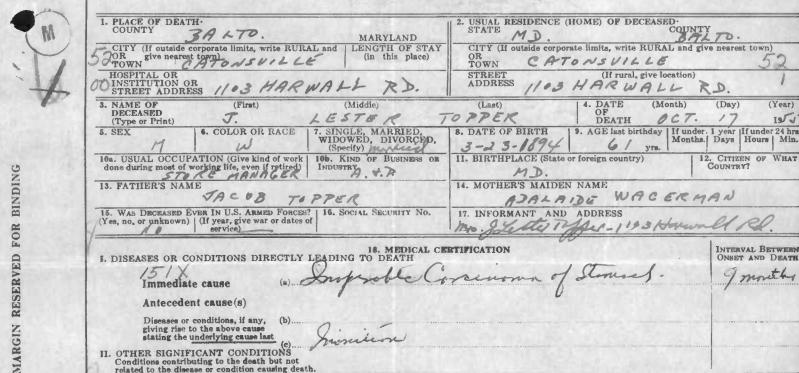
MARYLAND

CERTIFICATE OF DEATH

Reg. Dist. No ...

(Month)

OCT.



13. FATHER'S NAME

TOPPER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.

(Yes, no, or unknown) | (If year, give war or dates of service)

AJALAIDE WACERMAN

17. INFORMANT AND ADDRESS der Passer-1193 Hours

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes 🗆

(STATE)

21. ACCIDENT SUICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) INJURY INJURY OCCURRED (Hour)

Not While

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18. MEDICAL CERTIFICATION

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from.

(Day) (Year)

and that death occurred at alive on..... SIGNATURE

NAME OF CEMETERY

(CITY OR TOWN)

LOCATION (City, town or county)

(COUNTY)

12., 1955, that I last saw the deceased

23. BURIAL, CREMATION

HOMICIDE

INJURY

TIME (Month)

ADDRES

24. FUNERAL DIRECTOR



DE VE TOO

BUREAU V. S.

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7. Th	9554 CERTIFICATE	E OF DEATH Reg. Dist	. No. 30
tion carefully and legibly.	1. PLACE OF DEATH: COUNTY CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL a	ne arustel
information	HOSPITAL OR INSTITUTION OR Spring Grove Hospital	STREET (If rural give location)	02x-2
		(Last) 4. DATE (Month) (OF DEATH: /O	Day) (Year) 4 1955
it of	RACE: WIDOWED DIVORCED		Days Hours Min.
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): OR INDUSTRY: Publisher	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
Supply te the c	13. FATHER'S NAME: Thomas Vinton	Rebecca Robinson	
G INK. Suease write	(Yes, TO or unk.) (If Yes, give war or dates of service) (11 Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Mrs. Emma E. Vinton - Severn	a Park, Md.
UNFADING sicians: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE OR MEDICAL CERTIFICAT (A) DUE TO OR MEDICAL CERTIFICAT (B) DUE TO DUE TO	ijed arterio reproses Latin & Malnutritier	INTERVAL BETWEEN ONSET AND DEATH
AINLY, WITH important. Phy	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Failure.	
LY	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
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RITE PI	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (1) EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	ty) (State)
S	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work	1 - 1-11	
TYPE OR	22. I hereby certify that I attended the deceased from makes alive on 10/4, 1955, and that death occurred at SIGNATURE		
-	SPRING GROVE HOSTIAL + COWELLIN	10	14/55.
EASE	23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETE 10/7/55 Loudon Par	rk Cen. Balto, Md.	county) (State)
(mar)	THE PERSON NO. 1 COLUMN TO PROPERTY AND ADDRESS OF THE PERSON NO.	1 04	· A 1/11/11

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I. PLACE OF DEATH: MARYLAND COUNTY COUNTY			No. 38
CUITY (I todishe corporate limits, write RURAL LENGTH OF STAY (in this place) Off and give nearest town) Off and give nearest town of the give		2. USUAL RESIDENCE (HOME) OF DECEASED:	7
CITY (If official corporate limits, write RURAL LENGTH OF STAY (In this piaco) OR and give nearest to describe the described of the described	COUNTY 93000 MARYLAND	and the second s	V BAMIL
NONE TOWN Steel TOWN Steel Town Street Town	CITY (If outside corporate limits, write RURAL LENGTH OF STA	AY CITY (If odtside corporate fimits, write RURAL and	
ADDRESS 132 Lincoln Street AD	TOWN Rulling (in this place)	TOWN / HAM A HAM! Steel	ton 75X-3
3. NAME OF PRINC ADDITIONS 1. NAME OF PRINC ADDITIONS 1. SERY OF PRINC ADDITIONS 1.	INSTITUTION OR A COMMENT INSTRUMENTAL		1 /
DECASED: Color OR T. SINGLE. MARRIED. S. DATE OF BIRTH: S. AGE last birthday: FUNDER 1 YEAR FUNDER 24 HRE.	4 STREET ADDRESS // 00 Boyce ave.	MARITIPHITALIAN PT	re.
S. SEX: 6. COLOR OR INSURED, MARRIED, WORKED, S. DATE OF BIRTH: 9. AGE last birthday: If UNDER I YEAR IF UNDER INDINGS OF INDINGS OF IT. INDICATED IN IT. INDICATED IN IT. INFORMANT 4 ADDRESS: 13. MEDICAL CERTIFICATION 14. MOTHER'S MAIDEN NAME: 15. MEDICAL CERTIFICATION 16. MOTHER'S MAIDEN NAME: 16. MOTHER'S MAIDEN NAME: 17. INFORMANT 4 ADDRESS: 18. MEDICAL CERTIFICATION 19. ANGENCIA OF THE YEAR IN II. SERVICE IN INDICATED IN IT. INFORMANT 4 ADDRESS: 18. MEDICAL CERTIFICATION 19. ANGENCIA OF THE YEAR IN II. SERVICE IN INDICATED IN IT. INFORMANT 4 ADDRESS: 18. MEDICAL CERTIFICATION 19. ANGENCIA OF THE YEAR IN II. SERVICE IN INDICATED IN IT. INFORMANT 4 ADDRESS: 18. MEDICAL CERTIFICATION 19. ANGENCIA OF THE YEAR IN II. SERVICE IN INDICATED IN IT. INFORMANT 4 ADDRESS: 19. AUTOPST I YEAR IN INDICATED IN INDICATED IN INDICATED IN INDICATED IN INDICATED IN	DECEASED.	OF 7	
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(Yes, no, or unk.) Service Servi	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
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18. MEDICAL CERTIFICATION Interval Between Onset And Death			
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21. ACCIDENT SUICIDE OF office bldg., etc.) FINGE (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While At Work 1 At Work 2 22. I hereby certify that I attended the deceased from 1937, to 10. 21., 1938, that I last saw the deceased alive on 10. 21., 1938, and that death occurred at 7.08 AW, from the causes and on the date stated above. DATE SIGNATURE (Degree or title) 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, towner county) of the causes and on the date stated above. The causes are considered at 1.08 AW. (Specify) Nov. 1, 1953 AME OF CEMETERY OR CREMATORY ACCIDENT.	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATIO	ON	
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SIGNATURE (Degree of title) 36 orle Guil 6 187 23 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or sound) 5-55 (ate) REMOYAL (Specify) 100.1, 1955 Table 1 Specify 1 August 1 August 1 Specify 1 August 1	22. I hereby certify that I attended the deceased from		
21 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or sound) 55 (State) REMOVAL (Specify) Nov. 1, 1955 The state of the st	16 26 1000	7105 AWV, from the causes and on the date s	tated above.
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Bunal WV. 1, 1933 Herry Selling allelly	SIGNATURE (Degree or title)		LESIGNED 18 W
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REGISTRAR BUCKE REGISTRAR SIGNATURE	BURIAL, CREMATION, DATE THEREOF NAME OF CEME REMOVAL (Specify) 100.1,1955	ETERY OR CREMATORY LOCATION (City, town or say	18, 18, 4 19-5-55 state)
10-27-57 4 9, 13. Wipper 1:300 Will Flace	SIGNATURE (Degree or title) 23 BURIAL, CREMATION, DATE THEREOF NAME OF CEME REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	ETERX OR CREMATORY LOCATION (City, town or say	18, 18, 14

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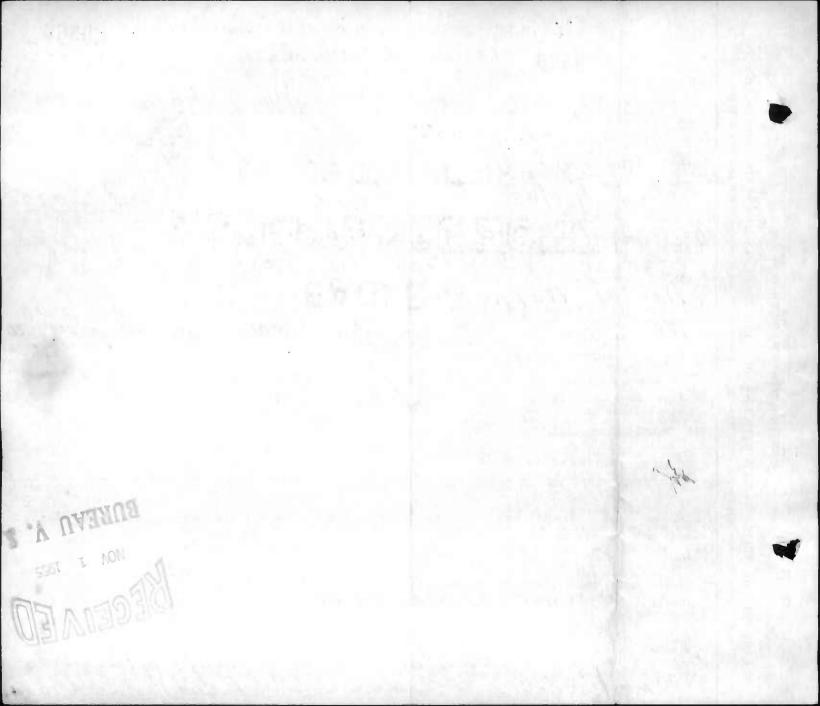
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VS.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09569_

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED;	
2. USUAL RESIDENCE (HOME) OF DECEASED;	
COUNTY Daltimore MARYLAND STATE / d. COUNTY Daltimore	
COUNTY	towr
* TOWN TURAL- Cren Rock TEXTS. TOWN KUYA - Gren Rock.	X
HOSPITAL OR STREET (If rurai give location)	1
INSTITUTION OR STREET ADDRESS ST. /Z.	
3. NAME OF (Errst) (Middle) (Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Charles 17. Walker, DEATH: Oclober 22196	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday If UNDER ! YEAR IF UNDER ! Months Days Hours I	Min.
Male While Starried Vecember 1, 1882 /2 yrs.	TAT ELL
OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12 CITIZEN OF work done during most of working life. OR INDUSTRY:	NHA
even it railing mer Own Farm. Glen Rock Fa. R.D. U.S. A	
13. FATHER'S NAME:	
Daniel Walker Sugar	
Janie / Via Ker. S. WAS DECEASED EVER IN U.S. ARMED FORCES! 15. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	1-
(Yes, non of unk.) (If Yes, give war or dates	D
10 of service 17 M. ora Walker; Stemper	4.1
18. MEDICAL CERTIFICATION INTERVAL BE: I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND	
	DEAT
IMMEDIATE CAUSE (A) Clearte myreaulitis Simulation Antecedent cause (8)	
ANTECEDENT CAUSE (8) DUE TO Amenada	it
DISEASES OR CONDITIONS, IF ANY. (B) Coronary Shronbres dult	
GIVING RISE TO THE ABOVE CAUSE DIE TO	
STATING UNDERLYING CAUSE LAST. (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH	
20. AUTOF	
	° 🔀
21A. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE (Home, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) (State of County) (S	e)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY While Not while at work	
22. I hereby certify that I attended the deceased from , 1953, to Oct >>, 1953, that I last saw the dec	
alive on 19 5, and that death occurred at 7,00A,M, from the causes and on the date stated above.	
SIGNATURF OIW. Gunnet ADDRESS Corlows, P. DATE SIGNED	19.
M. D.	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY R CREMATORY LOCATION (City, town, or county)	State
Durial UCI. 25,1953. NTILIZ emelery Iden Kock Ta. R.D.	3.
DATE REC'D BY LOCAL REGISTANTS SIGNATURE 24 FUNERAL DIRECTOR ADDRESS	1
REGISTRARY IN THE	-1-



9557 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

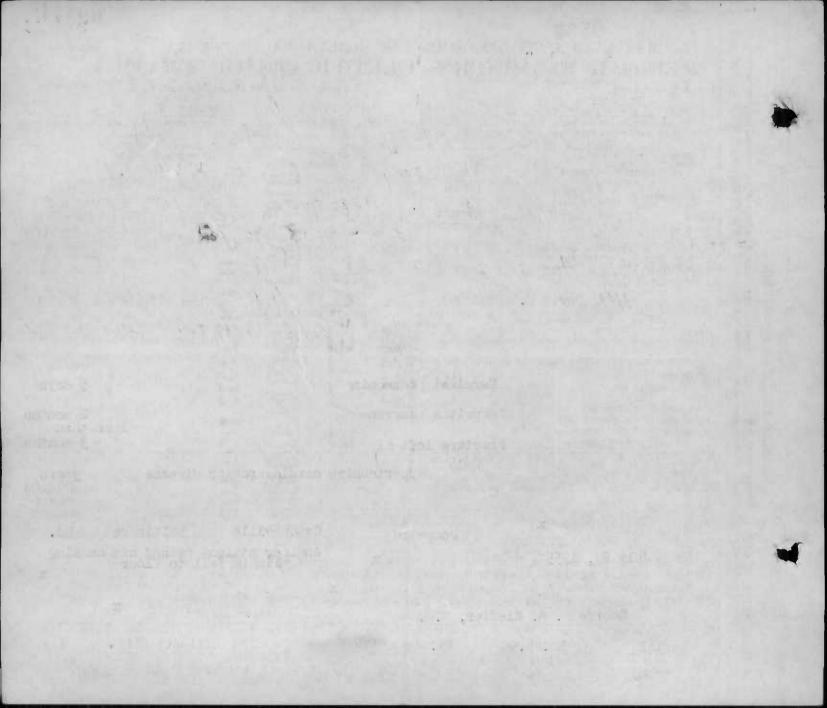
Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	teg. Dist.
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 3
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY SALTIMORE MARYLAND STATE NICE COUNTY	
CITY (If outside corporate limits, write RURAL And OR and give nearest town) (in this place) TOWN (ATON SVI) (E TOWN (In outside corporate limits write RURAL and OR TOWN (In this place)	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp ADDRESS 206 E Maple Rd.	V
3. NAME OF DECEASED: (Middle) (Last) 4. DATE (Month) (Day) OF	(Year)
5. SEX: 6. COLOR OR WIDOWED, DIVORCED, 8. DATE OF BIRTH: WIDOWED, DIVORCED, 72 72 Wrs. Months Day (Specify):	11ours Min.
10a. USUAL OCCUPATION (Give kind of work life, account this indicate of the state o	COUNTRY?
3. FATHER'S NAME:	
WW/_ David P. Webster W/// Martha Washington	Shores
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: Sophia Webster - Same	95# Z
18. MEDICAL CERTIFICATION	INTERVAL BETWEE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEAT
Immediate cause (a) Terminal pneumonia	5 days
DUE TO	
Antecedent cause(s) Diseases or conditions, if any, (b) Decumitus gangrene	.2 months
giving rise to the above cause DUE TO	than
stating underlying cause last (c) Fracture left hip	3 months
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive cardiovascular disease	years
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION;	20. AUTOPSY!
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc.,	(State)
PRIMARY or CONTRIBUTING OF street, office bldg., etc., CAUSE OF DEATH. INJURY HOSPWard Catonsville Baltimore 21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	Md.
or the partient bushed him o	ausing
22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection ,	Inquiry , ar
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetern SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DE	nined cause [DATE SIGNED
George S. M. Kieffer, M.D. M. D. ASSISTANT MEDICAL EXAM. 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or cou	nty) (State)
Burial 10.26.55 St. Johns Ellicott City.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ADDRESS

MARGIN RESERVED FOR BINDING WITH UNFADING INK. PLEASE WRITE PLAINLY,

VS. A15A - 5 - 53



after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09572

9568 CERTIFICATE OF DEATH

Reg. Dist. No.....

. 1	,	1	1
4	9	f	
[!		

1. PLACE OF DEATH				2. USUAL RESID	ENCE (HOME) OF D	ECEASED	
COUNTY Baltimor	2	MARYL	AND	STATE Mary			
CITY (If outside corporate limits, OR end give nearest town)	write RURAL	LENGTH O		CITY (It outside co	orporate limits, write RURAL	and give neerest	town)
X TOWN Fort How	ard	4 Hrs	.40 M.		imore	3	3V01-4
HOSPITAL OR	* 1 C - T - L - L			STREET	(If rurel gi	ive location)	
50 STREET ADDRESSVeterans	Administ	ration Ho	spital	ADDRESS 1800	Barclay Str	eet	/
3. NAME OF (First)		(Middle)		(Lost)	4. DATE (Mo	nth) (D	ey) (Year)
(Type or Print) CHARI	ES	F.	W	ELSH	DEATHOC	tober 2	8 1955
5. SEX 6. COLOR OR	7. SINGLE, MA		8. DATE O	F BIRTH	9. AGE lest birthdey	IF UNDER 1 Y	
Male White	(Specify) S	ingle	7-2-94		61 yrs.	Months D	eys Hours Min.
10e. USUAL OCCUPATION (Give kind done during most of working life,	of work 10b.	KIND OF BUSINES		11. BIRTHPLACE (State or f	oreign country)		CITIZEN OF WHAT
retired) Odd Jobs		If employ	red	Reltimore.	Mamrland	II.	S. A.
13. FATHER'S NAME	1.00	rr emproy	rea	Baltimore.	EN NAME		U. A.
Charles Welsh				Mary McCau	ley	200	
15. WAS DECEASED EVER IN U. S. A		16. SOCIAL SEC	URITY NO.	17. INFORMANT	& ADDRESS		
Yes, no, or unk.) (It Yes, give were Yes	or deles of service)	214-18-7	976	Clin.Rec.	, Vet. Adm. Hos	p.,Ft.He	oward, Md.
I DISEASES OR CONDITIONS DIRECT	LY LEADING TO DEA		DICAL CER	TIFICATION			INTERVAL BETWEEN ONSET AND DEATH
F.110			רוים שרוים	H HEMORRHAGE			24 HOURS
5 47.0 IMMEDIATE CAUSE	1	DEIVAL OF	OFAL WILL	II IIISWOILLIAGE			24 1100115
ANTECEDENT CAUSE(S)	DUE TO						
DISEASES OR CONDITIONS, IF AN'	(, (B)						
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAS	T. DUE TO						
II OTHER SIGNIFICANT CONDITIONS							
TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING							
19a. DATE OF OPERATION	196. MAJOR FINDIN	GS OF OPERATIO	N				20. AUTOPSY?
							YES NO X
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER	H OF INJURY stre	tome, farm, fector et, office bldg., etc		1c. WHERE DID INJURY OC	CUR? (City or town)	(County)	(Stete)
21d. TIME OF INJURY (Month) (De			ot while	21f. HOW DID INJURY OC	CUR?		
			work	5:30-PM. O.	10:10 P		
22. I hereby certify that	affended the de	eceased from	UCIAZU		T	53080008	DEMODDEREGE
SIGNATURE /	addinance and a	and that death	occurred at.	10:10 M. from the	e causes and on the DRESS (Street, city, to	date stated a	bove.
lithu	Hede	valde					
Arthur G. Edwards	N.O.	1 111115 05	M.D. V	AH, FORT HOWA	RD MARYLAND		10-29-55
REMOVAL (SPECIFY)	TATE THEREOF						
Burial	1/11/55	Baltin	nore Nat	ional Cemete	Baltimore	, Maryl	and
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNAT	URE	1 ,			ADI	DRESS
DATE U 1955	Dance	m12 20	arter.			The M	orth Ave
	y y and	1001.01	13			T. F.	OF GILLAYCE
Burial (SPECIFY)	REGISTRAR'S SIGNAT		more Nat	ional Cemete	Baltimore VS SIGNATURE Le. Tnc. 712-	, Maryl	

CERTIFICATE OF DEATH reserve and the second of the second second second second MARINE THE RESERVE THE PROPERTY OF THE PROPERT SEC 18 100

RELEGISTORE

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

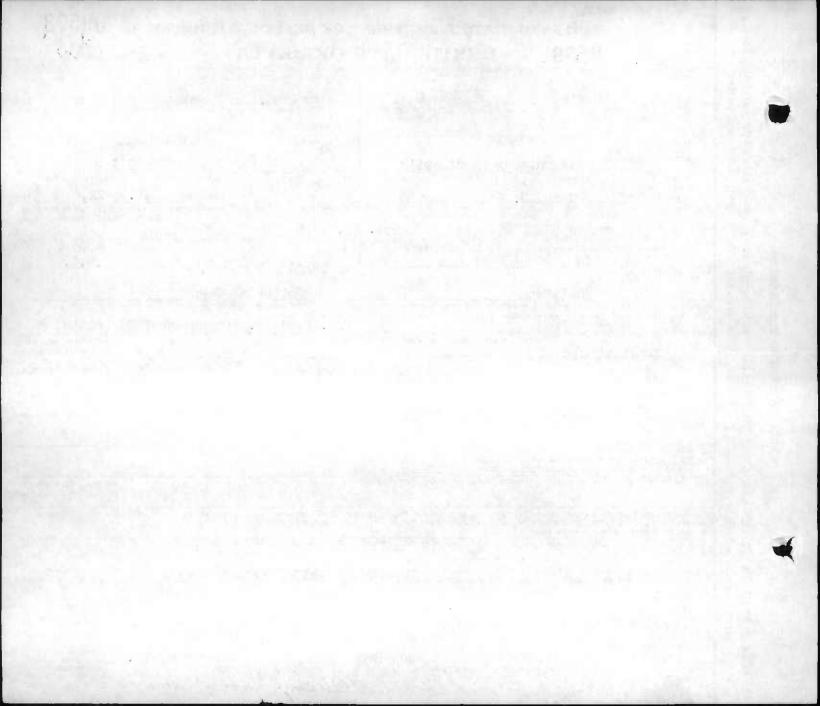
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09573

9569

CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH:		
I. FEACE OF BEATER	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
county Baltimore Maryland	STATE Md. COUNTY Ba	ltimore
CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	
OR and give nearest town) (in this place)	OR TOWN TOWNERS	F 600
10,3011	STREET (If rural give location)	22
HOSPITAL OR INSTITUTION OR	ADDRESS	
STREET ADDRESS 912 Dulaney Court Apt's	912 Dulaney Court Apid	S
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	Day) (Year)
DECEASED: (Type or Print) Mary G. Welsh	OF DEATH: Oct.	22, 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1	YEAR IF UNDER 24 HRS.
RACE: WIDOWED, DIVORCED.	Months I	Days Hours Min.
female white Specific vorced Oct.	27, 1885 69 yrs.	
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
even if retired even if retired at home	Belfast Ireland	U.S.A.
13, FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
William Hamilton	Catherine Gunn	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates	Mas Robit E Ctronger 7101	Designated Da
NO of service)	Mrs. Rob't F. Strangmann 7101	
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
420.1 Coronar	y artery occlusion	Umcertary
IMMEDIATE CAUSE (A) DUE TO	7	
ANTECEDENT CAUSE (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO		
GIVING RISE TO THE ABOVE CAUSE DUE TO		
STATING UNDERLYING CAUSE LAST.		
(C)		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	N	20 AUTOPSY?
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	N	20. AUTOPSY?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		YES NO
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact	tory, 21c. WHERE DID (City or town) (Coun	YES NO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING NOTIFY MEDICAL EXAMINER) 21b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	tory, 21c. WHERE DID (City or town) (Coun etc. INJURY OCCUR?	YES NO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING NOTIFY MEDICAL EXAMINER) 21b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	tory, 21c. WHERE DID (City or town) (Coun etc. INJURY OCCUR?	YES NO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING OF OPERATION OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, farm, fact OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21c. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED While Not while at work M.	tory, etc. 21c. WHERE DID (City or town) (Coun injury occur?	YES NO ty) (State)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. TIME (Month) (Day) (Year) (Hour)	tory, 21c. WHERE DID (City or town) (Coun INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 18, 1955, to 007 22, 1955, that I last	YES NO (State) ty) (State)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) While Not while OF INJURY M. 21E INJURY OCCURRED While Not while at work at work 22. I hereby certify that I attended the deceased from September 1953, and that death occurred at	tory, etc. 21c. WHERE DID (City or town) (Coun INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 18, 1955, to 27, 22, 1955, that I last	ves No (State) t saw the deceased stated above.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work at work alive on SEPT 21, 1953, and that death occurred at	tory. 21c. WHERE DID (City or town) (Coun INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 18, 1955, to 007 22, 1955, that I last ADDRESS DA	t saw the deceased stated above.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 22. I hereby certify that I attended the deceased from SEPT. alive on SEPT 21, 1933, and that death occurred at SIGNATURE MADERICAN MADERIC	tory, 21c. WHERE DID (City or town) (Coun etc. INJURY OCCUR? 2 21f. HOW DID INJURY OCCUR? 18, 1955, to 007.22., 1955, that I last ADDRESS DATE OF THE COUNTY OCCUR?	t saw the deceased stated above. TE SIGNED T 24, 1953
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. TIME (Month) (Day) (Year) (Hour) 21c INJURY OCCURRED While Not while at work at work at work at work at work 22. I hereby certify that I attended the deceased from at work and colored at SIGNATURE CEMENTAL ADDRESS.	tory. 21c. WHERE DID (City or town) (Coun INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 18, 1955, to 007 22, 1955, that I last ADDRESS DA	t saw the deceased stated above. TE SIGNED T 24, 1953
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While At work alive on SEPT 21, 1933, and that death occurred at SIGNATURE CAUSE OF SIGNATURE CAUSE O	tory, 21c. WHERE DID (City or town) (Coun INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 18, 1955, to 007 22, 1955, that I last ADDRESS DA' 17 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	t saw the deceased stated above. TE SIGNED T 24, 1953



WITH UNFADING INK. Supply every item of information carefully. The

is especially (important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY,

correct age

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9570 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D;	
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY		
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	nd give nearest town)	
OR and rive nearest town in this place) TOWN Fort Howard 2 days	TOWN Baltimore	53	
HOSPITAL OR SINSTITUTION OR STREET ADDRESSVeterans Administration Hospit	al STREET (If rural give location) ADDRESS 1902 Tolson Avenue		
	(Last) 4. DATE (Month) (CENKER OF DEATH:	9, (Year) 19 55	
	10/02 9. AGE last birthday IF UNDER 1 Months I	Hours Min.	
work done during most of working life. even if retired): Guard 10B. KIND OF BUSINESS OR INDUSTRY: Store	Baltimore, Maryland	COUNTRY? U.S.A.	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
John Wenker	Fredericka Stegman		
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:		
Yes, no, or unk.) Ilf Yes, give war or dates Yes of service) Korean 705-10-4154	Clin.Rec., Vet.Adm.Hosp., Ft	. Howard, Md.	
IS. MEDICAL CERTIFICATION DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN	
IMMEDIATE CAUSE (A) CARCINON	MA OF RECTUM	2 YEARS	
DUE TO	01 1000 10 m		
ANTECEDENT CAUSE (8)		The same	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	With colostomy	20 AUTOROVA	
2-55 (alfux) Abdomino-perineal resecti	on/at Baltimore City Hospital	YES NO	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		ty) (State)	
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that VIA attended the deceased from Oct.	7 . 1955, to Oct 9, 1955, was been	000000000000000000000000000000000000000	
SINATURE 12	1:35PM, from the causes and on the date		
WILLIAM B. VANDEGRIET, W.D.	D. VAH, FORT HOWARD, MARYLAND	10-10-55	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or		
Burial Oct. 12,1955 Saint Stanis	laus Cemetery Baltimore (Dund	alk),Md.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Wm.Cook-Blight, Inc. 6009 Harf Baltimore 14, Maryland		

VS. A15 -- 10 - 53

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MARYLAND STATE DEPARTMENT OF HEALTH

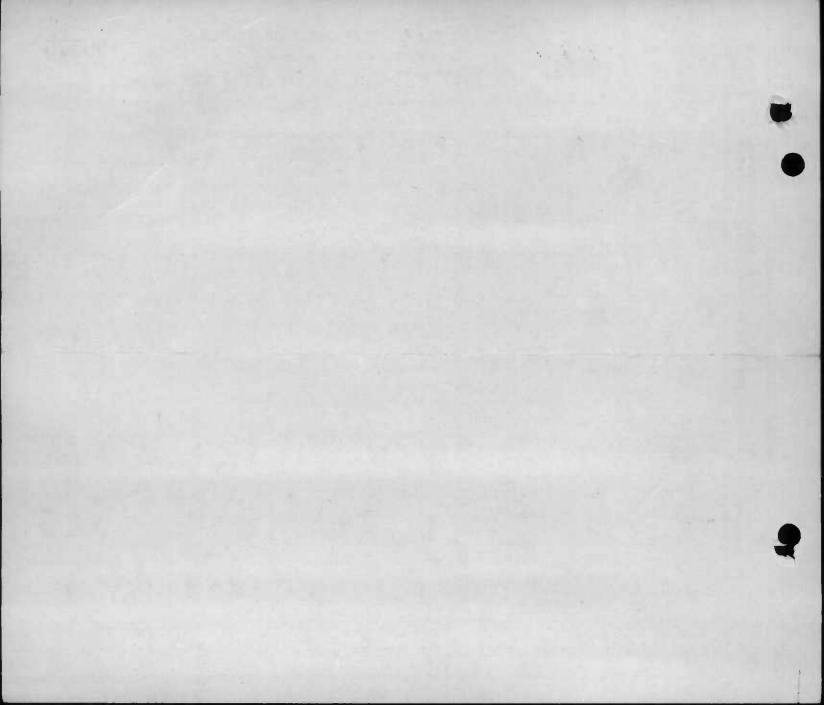
2411 N. Charles Street, Baltimore

09575

9571

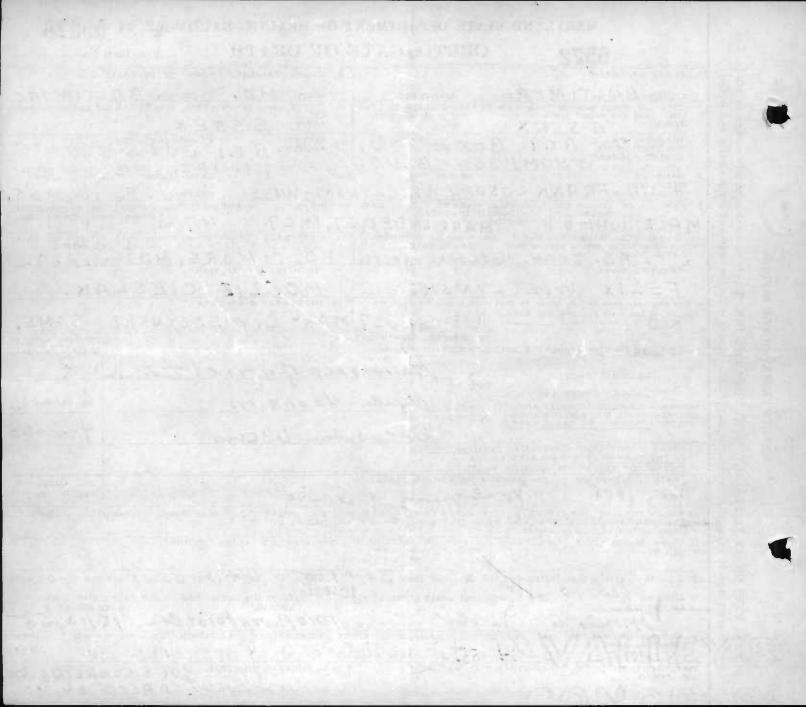
CERTIFICATE OF DEATH

I. PLACE OF DEATH.		2. USUAL RESIDENCE (H	COINT	YDe 7 + 1 mana
Baltimore	MARYLAND	Maryland		Date of Morre
CITY (If outside corporate limits, write RURAI OR give nearest town)	(in this place)	OR TOWN Baltim	Ole	ve nearest town)
		CTDFFT	(If rural, give location)	24017
HOSPITAL OR HOSPIT	or Nursing Hom		Milton Ave.	V
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) ASIA		NER	DEATH Octob	18
female white	V. SINGLE, MARRIED, WIDOWED, DIVORCED,			l year If under 24 hrs Days Hours Min.
	(Specify) W1QOWCQ		90 yrs. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Industry t home	Farwell - V1	rginia.	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Francis C. Ingram		?	Marston	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of	none	Mr. George Wer	ner. 423 N.Mi.	lton Ave.
110	18. MEDICAL CE	PTIFICATION	- Baltimore24	710.
		THE CALLOT		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY L	EADING TO DEATH		0 1	ONSET AND DEATE
420.1	1	- to bloom to	At. l.a	2 6.0
Immediate cause (a)	- Congi	sure. I tem	The Carl Gal Se	
Antecedent cause(s) Disease or conditions, if any, (b)	Coronals or	lesion its m	rocardiel ih	1 61 hu
giving rise to the above cause stating the underlying cause last	4	1	and the second s	off or an an an explainment family family family from the
(e)	Mene. 1:	1 2. 1.	-2 5	
11. OTHER SIGNIFICANT CONDITIONS	- January	asunda	every)	1
Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FI	NDINGS OF OPERATION			20. AUTOPSY?
				Yes No
SUICIDE	E (Home, farm, factory, street, office bidg., etc.)	(CITY OR T	OWN) (COUNTY)	
HOMICIDE INJUR	INJURY OCCURRED	HOW DID INJURY OCC	4704	
OF	While at Not While Work At work	HOW DID INJURY OCC	ORI	
22. I hereby certify that I attended the	descend from last	1910 550 Det	93 1055 10-1 11-1	Ale 3
22. I hereby cormy that I attended the	deceased from	f, 13 W. kankalininda	, 13.2.2, that I last a	aw the deceased
alive on Adday O., 1955, and SIGNATURE	that death occurred at 5.	ADDRESS	causes and on the date st	ated above. DATE SIGNED
Melson My Kay	PM.D. 6014	Fireworn Av	- Bult 20 ms	10/24/52
23. BURIAL, CREMATION DATE THEREOR REMOVAL (Specify)			OCATION (City, town, or coun	ty) (State)
burial Oct. 26.1			ltimore Md.	
DATE REC'D BY LOCAL REGISTRAR'S SI	Hedrick	HENRY SANDER	& SONS, INC.	ADDRESS
	1/2	bai timore ha.	So 1/4 /1	



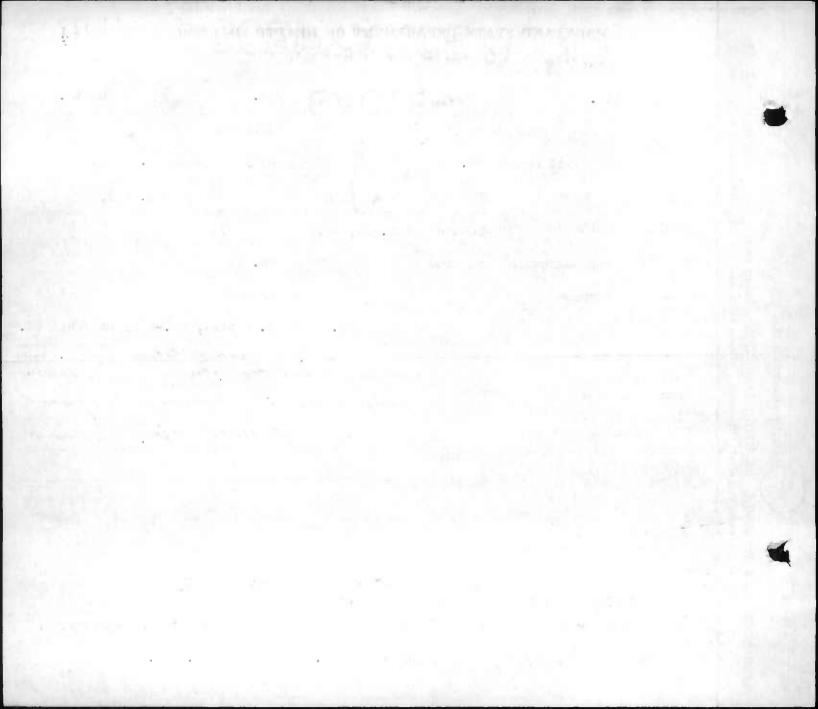
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09576

~	H	9572 CERTIFICATE	OF DEATH Reg. Dist	. No.)
1	ully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
M	n carefully	COUNTY BALTIMORE CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	STATE MD COUNTY BA	
VP	ation	HOSPITAL OR DELL DEN 44 2 SO	STREET (If rural give location)	X
	information	HOSPITAL OR INSTITUTION OR RT. 1 BOX # 380	ADDRESS RT. 1 BOX#	380
	info	3. NAME OF (First) (Middle) (Le	ast) THOMPSON B	Day) (Year)
	of ath	(Type or Print) FRANK JOSEPH WIECZYNS	SKI-WISE DEATH OCT.	10.1955.
1)	item of de	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, OSPECIFY MARRIED DEC. 2'	F BIRTH: 9. AGE last birthday F UNDER 1	
	every	IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS 1	1. BIRTHPLACE (State or foreign country): 12.	
FOR BINDING		work done during most of working life, even if retired B. TECH. GENERAL ELECTRIC 13. FATHER'S NAME:	BALTIMORE, MD.	U.S.A.
K	Supply te the c	FELIX WIECZYNSKI	MOLLIE CIESL	AK.
% B	K. S writ	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY ND. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
FOI	INI Se v	No of service) 213-05-5327 N	1ARY C. WIECZYNSKI	SAME,
		18. MEDICAL CERTIFICATION	N	INTERVAL BETWEEN
MARGIN RESERVED	ig	193 X IMMEDIATE CAUSE (A) Maligra)	Naphritis). 2
ES	UNFA	ANTECEDENT CAUSE (8)	Maria de la companya della companya della companya de la companya della companya	1. 1.3001
7	H L	GIVING RISE TO THE ABOVE CAUSE DUE TO	Naphritis	6 Wee/65
RGII	WITH at. Phys	STATING UNDERLYING CAUSE LAST. (C) De Cut	tous belows	4 weeks
MA	~ 00	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	N di	194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	. 3 . 7	July 1953 Malignamy of &	pene	YES NO
		21 ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER)		ty) (State)
	E 100	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
	OR is	22. I hereby certify that I attended the deceased from		
23	च्य ह		30 M, from the causes and on the date	
10 -	SE TYPI	Morris G. Jacol M. D.	1010 NORTH POINT KY 1	DI SIGNED
1	WA.	23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETER	Y OR CREMATORY LOCATION (City, town, o	r county) (State)
A15	EA	BURIAL 10-14-55 SACRED HEAD	RT OF MARY GERMAN HILL	Rp. MD.
			24 FUNERAL DIRECTOR (2 - 4 -	ADDRESS



MARYLAND STATE DEPARTMENT	OF	HEALTH—BALTIMORE,	18	0:):) [7
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	I a Halla Bearing Halla and San	t. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	Balto.
COUNTY Balto MARYLAND	STATE Md. COUNTY	
CITY (If outside corporate limits, write RURAL on and give nearest town) Town Sorensen Rursing Home	Y CITY(If outside corporate limits, write RURAL OR TOWN Baltimore	and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7912 Ruxway Rd. 4	ADDRESS 6523 Langdale Rd.	#6
3. NAME OF (First) (Middle) DECEASED: (Type or Print) MARY VIRGINIA W	(Last) 4. DATE (Month) (ILLIAMS OF DEATH: Oct.	Day) (Year) 3, 19 55
female 6. COLOR OR 7. SINGLE. MARRIED. 8. DAT WIDOWED, DIVORCED, (Specify): widowed Feb.	E OF BIRTH: 9. AGE last birthday Funder 1 21. 1879 76 yrs. Months	YEAR IF UNDER 24 HRS. Days Hours Min.
work done during most of working life. even if retired): rtd Housewife at home	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME: Unknown	
Crispens 18. Was Deceased Ever in U.S. Armeo Forces? 18. Social Security No.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mr. Elmer H. Packie, Jr6523	Langdale Rd.
ANTECEDENT CAUSE (6) DISEASES OR CONDITIONS, IF ANY, (B)	gecommerin chronic	2 days.
STATING UNDERLYING CAUSE LAST. (C)	risal arturios clasosis.	10-400
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATI	ON	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, for CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bld (IF EITHER, NOTIFY MEDICAL EXAMINER)	actory. 21c. WHERE DID (City or town) (Coungr., etc. INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRI OF INJURY M. While at work at work	ED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. alive on O.C.T. 2., 1955, and that death occurred a	at F. Ca.P.M., from the causes and on the date	stated above. TE SIGNED
Namus Troham manion.	M.D. 516 Cathedral St 10.	5-1955.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09578

9574 CERTIFICATE OF DEATH

Reg. Dist. No. 44

II TARGE OF MEATIN		2. OSUAL RESIDEN	CE (HOME) OF DECEA	SED
COUNTY Baltimore	MARYLAND	STATE Maryla	nd COUNTY	
CITY (Il outside corporate limits, write RURAL OR end give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corpor	ata limits, write RURAL and glv	neerest town)
X TOWN Fort Howard	30 Days	TOWN Baltim	ore	3 VO1-4
HOSPITAL OR	1 Jo Days	STREET	(If rurel give loce)	
INSTITUTION OR		ADDRESS		
50 STREET ADDRESSVeterans Administr			uter Street	1
3. NAME OF (First) DECEASED	(Middla)	(Lest)	4. DATE (Month)	(Day) (Yaar)
(Type or Print) GEORGE	G. WII	LSON	DEATH Octob	per 26 1955
S. SEX 6. COLOR OR 7. SINGLE, MA	RRIED. 8. DATE C			NDER 1 YEAR IF UNDER 24 HRS.
Male Colored WIDOWED (Specily)		and the same of th	41 yrs. Mont	ths Deys Hours Min.
dona during most of working life, even if	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig		12. CITIZEN OF WHAT COUNTRY?
relirad) Huckster		Baltimore, Ma	ryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
George L. Wilson		Virginia MN:		
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (If Yas, give wer or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS	
Yes WW II	212-12-7580	Clin.Rec., V	et.Adm.Hospita	al, Ft. Howard, Mde
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	18. MEDICAL CER	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
2.86, 4 IMMEDIATE CAUSE (A) CI	ACHEXIA			MONTHS
	ETARY INSUFFIC	TENCY (2)		SEV. YEARS
DISEASES OR CONDITIONS, IF ANY, (B)	LEIMILI LIBOUT 10.	TEMOT (.)		OD4. THE
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION 19b. MAJOR FINDING	GS OF OPERATION			20. AUTOPSY?
				YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (H OR CONTRIBUTING CAUSE OF DEATH OF INJURY strategy of the contribution of the co	oma, farm, factory, et, olfice bldg., atc.)	21c. WHERE DID INJURY OCCUR	? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 2	la. INJURY OCCURRED	211. HOW DID INJURY OCCUR	?	
	While Not while at work			
VA		· ·	0/ 1/	
22. I hereby certify that kattended the de				
	nd that death occurred at	1:40P.M, from the co	auses and on the date s	stated above.
Managraky / 12/4/	_	ADDR	ESS (Street, city, town, state	DATE SIGNED
11/2 17 15m 18 Harris Chris Et 11/10	M.D.	VAH. FORT HO	WARD, MARYLANT	10-27 55
23. BURIAL, CREMATION, DATE THEN OF	NAME OF CEMETERY OR		LOCATION (City, town, or co	ounty) (State)
REMOVAL (SPECIFY) Burial 10/31/55	Baltimore Nat	hi ama'l	Baltimore, Ma	ban lame
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU	JRE O O	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
acksa st Na	of Flaher			
DATE O U'LY-33 OCCUPANT	- June	Junarles R. Le	Mortuary, 802	2-Oh Madison Ave
		Baltimore 1,	Maryland	

MASS PLANS STATE OF SECURITY OF HEALTH SO SHEMPS AND BY ATE OR MY EARLY

9574 CERTHICATE OF DEATH

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1012 Section almer			
	THE IS NOT THE OWNER.		
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Committee of the contract of t	guage Stap		
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20/00 W	Action shall be a state of the		
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A15-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 The 9575 CERTIFICATE OF DEATH 2

Reg. Dist. No.

1 NAME OF DECEASED			
1. NAME OF DECEASED (Type or Print) Harry Repp Worman	2. DATE OF DEATH Oct. 19, 1955		
a. Baltimore City, Maryland Baltimore	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION 2519 Cedar Drive			
c. Length of stay in Baltimore 50 yrs. Mos.	D. STREET ADDRESS (If rural, give location) 2519 Cedar Drive		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Nale White Widowed	8. DATE OF BIRTH 9. AGE (In years II Under I Year Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic 10B. KIND OF BUSINESS OR INDUSTRY Otis Elevator Co.	11. BIRTHPLACE (State or foreign country) Frederick, Md. 12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
George Noses Worman	Amanda Jane Repp		
(Yes, no or unknown) (If yes, give war or detes of service) (214-03-041)	17. INFORMANT ADDRESS H. Richard Worman - 2519 Cedar Drive.		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	At refre Thetasks Ging		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE	YES NO		
22. I hereby certify that, I attended the deceased from deceased alive on deceased from deceased from deceased alive on deceased from deceased alive on deceased alive on deceased alive on deceased from de	BY OR CREMATORY 24D LOCATION (City, town, or county) (State)		
The state of the s	S. PLACE OF DEATH: A. Baltimore City, Maryland Beltimore B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 2519 Cedar Drive X C. Length of stay in Baltimore SO yrs. Mos. Days 5. SEX B. COLOR OR RACE Widowed 10A. USUAL OCCUPATION (Givekind of Work done during most of working flife, even if retired) Mochenic 13. FATHER'S NAME GOOTGE MOSES WOTMAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 16. /// X DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OBEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER. 21D. TIME (Month) (Day) (Year) (Hour) 22L I hereby certify that I attended the deceased from ATWORK 22L I hereby certify that I attended the deceased from ATWORK 22A. JIGNATURE 24C. NAME OF CEMETER 11ON REMOVAL (Specify) Burial 10/22/1955 Nt. Olivet Ce		

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The same of the sa		4	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 30

	ဗ		
		1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
220	The ly.	COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Anna Arundel
181	carefully.	CITY (If outside corporate limits, write RURAL OR and give nearest town) Catonsville 28 LENGTH OF STAY (in this place) 1 yr 8 days	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Annapolis O2 X-2
	n care y and	HOSPITAL OR STREET ADDRESS Spring Grove State Hospital	STREET (If rural, give location) RFD #1
	tion	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
	ma	DECEASED: (Type or Print) Brice John WOI	RTHINGTON OF DEATH October 22, 19 55
	th	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.
	indiea	Male White WIDOWED, DIVORCED, (Specify): Married Apr.	17. 1864 91 yrs. Months Days Hours Min.
5N	m of informations of death clearly	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Carpenter & Farmer	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Maryland U.S.A.
DI	ite	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
BINDING	every item he causes of	B. John Worthington	Mathilda Pue
FOR E	Supply every	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Records: Spring Grove State Hospital
	Sup		L CERTIFICATION INTERVAL BETWEEN
VE		I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
RESERVED	INK.	Immediate cause (a) Terminal bronchor	neumonia 1 week
		Antecedent cause(s) Diseases or conditions, if any. (b)	?
MARGIN	UNFADING Physicians:	giving rise to the above cause DUE TO stating underlying cause last (c) Fracture left fem	mur 3 weeks
MA	달립	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	

DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION:

(County) 21c. (City or town) (State) Catonsville Baltimore Md.

21s. EXTERNAL CAUSE WAS
I'RIMARY or CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg, etc., INJURY HOSPWARD 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While at Not while Fell from bed work | at work

22. I hereby certify that I took charge of the remains described above, held an Autopsy [, Inspection], Inquiry , and Accident , Suicide , Homicide , Undetermined cause . find that death resulted from: Natural causes . CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. SIGNATURE DATE SIGNED

23.	BURIAL,			
	REMOVA	L ASpe	cify)	: -
	REMOVA	18117	1	

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

20. AUTOPSY? Yes No 🗆

DATE REC'D BY LOCAL

24. FUNERAL DIRECTOR

豆 WRITI ge is e PLEASE

B.V UABRUA

961 0g 130

DECENTED

9577 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL	EXAMIN	ER'S CE	RTIFIC	CATE	OF	DEATH	I No.A.	3./
1. PLACE OF DEATH:			2. USUAI	L RESIDENC	E (HOME)	OF DECEASED:		
COUNTY BAL	- 70.	MARYLAND	STAT	E MD	. COT	INTY 3A	LTO.	
CITY (If outside corporate OR and give nearest to TOWN		LENGTH OF ST			-	ts write RURAL		arest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6	900 CARL	AVE	STREE			rural, give location	on) , MD.	1
DECEASED:	irst) SEPH	(Middle)	(Last) YAEGE	R	4. DATE OF DEATH		Day) (Ye	ar) 19
5. SEX: 6. COLOR RACE:	WIDOWEI (Specify):	marid he	vel 27,			irthday: IF UNDE Months		urs Min.
work done during most even if retired):	of work life,	KIND OF BUSINES INDUSTRY: POULTRY-		RTHPLACE	(State or fo	oreign country):	12. CITIZE	N OF WHAT
13. FATHER'S NAME:			14. MOT.	HER'S MAID	EN NAME:			
	RGE J.	YAEGER	l E	LIZ.	M. 50	HWARTZ	- KOPI	-
15. WAS DECEASED EVER IN U (Yes, no, or unk.) (If Yes, gi service)		SOCIAL SECURITY NO.	: 17. INFOR	MANT & AL	DORESS:	6900	Carl	ave.
			DICAL CERTIF	FICATION	0		INTERV	AL BETWEEN
I. DISEASES OR CONDITIO	(a)	benn	ray/	Thu	who	<u> </u>		AND DEATH
Antecedent cause(s)	DUE TO		1					
Diseases or conditions, if	f any. (b)					***************************************		**************
giving rise to the above stating underlying caus	e last							
IL OTHER SIGNIFICANT C TO THE DEATH BUT DISEASE OR CONDITION	CONDITIONS CONTRIB	O THE						
19a. DATE OF OPERATION				***********************		***************************************	20. A1	UTOPSY?
								es No
21a. EXTERNAL CAUSE W. PRIMARY or CONTRIB CAUSE OF DEATH.	UTING OF INJU	CE (Home, farm, fac street, office bldg., JRY	etc.,	City or town		(County)	(St	ate)
21d. TIME (Month) (Day) OF INJURY	V	INJURY OCCURREI While at Not whi ork st work	le	HOW DID IN	JURY OCCU	IR?		
22. I hereby certify that								
find that death resu		0	ccident [],		, Homic			cause [
Hall !	Soler	010 Kerds	M. D	DEPUT		EXAMINER	ach	3/10
23. BURIAL, CREMATION,	DATE THEREOF	NAME OF CEME				N (City, town, o	r county)	(State)
REMOVAL (Specify)	11-2-55	Cette		nu.	-	Ballo.		Med.
DATE REC'D BY LOCAL REG. //-/-	REGISTRAR'S SIGN	NATURE	(24. FU)	NERAL DIRE	CTOR	Hans C	ata	DDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. age is especially important. Physicians: please VS. A15A - 5 - 53

Supply every item of information carefully. The write the causes of death clearly and legibly,

MARGIN RESERVED FOR BINDING

BUREAU V. S.

SSEL S NOW

OPA ISING SIN

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18)958	6
9578	CEL	RTITICATE	OF	DEATH Box	Dies Ne	

		OI DINII	neg.	Dist. 140
1. PLACE OF DEATH:		2. USUAL RESIDEN	CE (HOME) OF DECE.	ASED:
COUNTY Baltimore	MARYLAND	STATE Marvl	and COUNTY	
CITY (If outside corporate limits, write RI	URAL LENGTH OF STAY	CITY(If outside co		AL and give nearest town)
OR and give nearest town) Catonsville	(in this place) 18yr2mos17day	s TOWN Balti	-0 Ma	3 V 0 1 - 4
HOSPITAL OR	TOATSHOST (GSA	STREET	(If rural give loca	
INSTITUTION OR	And House	ADDRESS	77 A M A2 A	✓
14 STREET ADDRESS Pring Grove S			West North Ave	
3. NAME OF (First) DECEASED:	(Middle) (Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Anna		akel	DEATH:Octobe	
5. SEX: 6. COLOR OR 7. SINGLE, RACE: WIDOWEI	D DIVORCED	OF BIRTH: 9.	AGE last birthday IF UNO Month	
Female White (Specify):	Widowed 3-10-	1899	56 yrs.	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B	OR INDUSTRY:	11. BIRTHPLACE (S	tate or foreign country):	12. CITIZEN OF WHAT
even if retired): Domestic	OK INDOSTRI	Pennsylvani		USA
13. FATHER'S NAME:		14. MOTHER'S MAI		- OOA
Jack Morrison		Amanda 1	Morrison	
IS. WAR DECEASED EVER IN U.S. ARMED FORCES?	IS. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	** .			17
NO	Unknown		ng Grove State	
I DISEASES OR CONDITIONS DIRECTLY L	B. MEDICAL CERTIFICATI LEADING TO DEATH	ION		INTERVAL BETWEEN
171X				ONSE! AND DEATH
IMMEDIATE CAUSE	(A) Carcinoma	of Cervix with	n metastases	11/2
ANTECEDENT CAUSE (S)	UE TO			A MARKET TO THE
DISEASES OR CONDITIONS, IF ANY.	(B)			
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	UE TO			
	(C)			
II OTHER SIGNIFICANT CONDITIONS COL				
TO THE DEATH BUT NOT RELATED TO T				
	FINDINGS OF OPERATION			20. AUTOPSY?
				YES NO
214 ACCIDENT WAS UNDERLYING 0 218	PLACE (Home, farm, fact	oru l and Willens Di	D (City or town) (4	Yearstal (Otata)
	INJURY street, office bldg.,		?	County) (State)
2ID. TIME (Month) (Day) (Year) (Hour) OF INJURY	While Not while at work at work	21F. HOW DID IN	JURY OCCUR?	
1711		10 77 . 30		
22. I hereby certify that I attended the				
	that death occurred at			
SIGNATURE	2 0	Spring Tove	State Hospita	1DATE SIGNED
Stella Wack	ilez M.	D. Catonsville	28 Maryland	10-3-55
23. BURIAL, CREMATION, DATE THEREO	NAME OF CEMETE	RY OR CREMATORY		n, or county) (State)
David 10/5/53	Cashedr	of	Osallo, 1.	vod.
DATE REC'D BY LOCAL REGISTRAB'S	SIGNATURE	24. FUNERAL DI	RECTOR VS	ADDRESS
10/4/65 11 %	Harry	Dille Ila	01000	28

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Auto Contract Contrac

BUREAU V. S.

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and the service of order

MARYLAND STATE DEPARTMENT OF HEALTH_RALTIMORE 18

9579 CEI	RTIFICATE		TH Reg	Dist. No. 37
1. PLACE OF DEATH:		2. USUAL RESID	DENCE (HOME) OF DEG	CEASED:
COUNTY Balto.	MARYLAND	STATE MC	. COUNTY	Balto.
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Parkville		CITY(If outside OR		URAL and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2941 Manns Ave	B •	STREET ADDRESS	(If rural give lo	
3. NAME OF (First) (Mic DECEASED: (Type or Print) VIOLA	GNES ZIMME	Last) RMAN	4. DATE (Month) OF DEATH: OCT	
5. SEX: 6. COLOR OR 7. SINGLE MARR WIDOWED, DIV (Specify): mark	ORCED.	of BIRTH:	9. AGE last birthday IF U	nths Days Hours Min
work done during most of working life, OR	of Business Industry: Registration	11. BIRTHPLACE Maryland	(State or foreign country)	: 12. CITIZEN OF WHA
13. FATHER'S NAME:		14. MOTHER'S M	MAIDEN NAME:	
John William Harvey Burgoon	n	Emma Virgi	nia Frock	
(Yes, no, or unk.) (If Yes, give war or dates of service)	CIAL SECURITY NO.	Mr. Leo A.	a ADDRESS: Zimmerman - 291	l Manns Ave.
I DISEASES OR CONDITIONS DIRECTLY LEADING 15 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ca	remon	alous	INTERVAL BETWEE
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, 1F ANY, (B)	P	remony a	Dregni Hall	Bladder.
STATING UNDERLYING CAUSE LAST. (C)	O	U	0	
II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	UTING			
19A. DATE OF OPERATION: 19B. MAJOR FINDI	NGS OF OPERATION	1		20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH OF INJUI	CE (Home, farm, fact RY street, office bidg.,	etc. INJURY OCC	DID (City or town)	(County) (State)
OF TN HIRY While	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	33794
22. I hereby tertify that I attended the dece alive on O V 10 V, and that SHONATURE AND ONLY	death occurred at	7 P. M. from ADDRE	the causes and on the	I last saw the decease date stated above. DATE SIGNED 0 6 5
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY) Burial 10/7/55		ge Cem.	Pikesvi	
DATE REC'D BY LOCAL REGISTRAR'S SIGN	ATURE /	BA FUNERAL	DIRECTOR	ADDRESS

BA FUNERAL DIRECTOR

VS. A15-10-53

DATE REC'D

MARGIN RESERVED FOR BINDING